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**Lowndes County Board/Agency Appointee Information Sheet - Submission #129**

Date Submitted: 1/18/2023

**Date:**

1/18/2023

**Board/Agency Applying For:**

LOWNDES COUNTY BOARD OF HEALTH

**Last Name**

MIMS

**First Name**

BRENDA

**Street Address**

**City/State/Zip**

RAY CITY

**Phone Number**

**Email Address**

**Occupation**

RETIRED - PUBLIC HEALTH NURSE

**Professional Experience**

INFECTIOUS DISEASE COORDINATOR - SOUTH HEALTH DISTRICT  
NURSE - LOWNDES COUNTY HEALTH DEPARTMENT  
INSTRUCTOR - VALDOSTA TECHNICAL INSTITUTE  
STAFF NURSE - SOUTH GEORGIA MEDICAL CENTER

**Knowledge & Skills**

I have first-hand experience of public health programs and services, having worked more than 15 years with the South Health District, first as a nurse at the Lowndes County Health Department and moving to a management position overseeing the Infectious Disease Program and other programs related to that department, including housing. I have worked closely with both the previous and current district health director and support the efforts of both the Lowndes County Health Department and the South Health District are making to protect the health and well-being of the Lowndes County community.

What knowledge or skills do you possess that would contribute to the Board/Agency to which you are requesting to be appointed?