



# 2018 Community Advisory Council Application

**Name:**

**Mailing Address:**

Please include city,  
state, zip

**Phone Number:**

**Social Security Number:**

**Email:**

**Date of Birth:**

*Date of birth and Social Security Number are used for standard background checks.  
Your information will remain secure and confidential.*

**Are you over the age of 18?** Yes No

**Please list the approximate number of hours per month you  
could devote to activities:**

**Monthly meetings are usually on the second Thursday of every  
month, from 5:30-7. Will that work for your schedule?** Yes No

**Please check the area in the county that best represents where you live:**

North and East Douglas County (north or east of Roseburg/Winchester area)

West Douglas County (areas west of Roseburg/Green)

South Douglas County (areas south of Roseburg/Green)

Central Douglas County (Roseburg, Green, Winchester areas)

**I have a special interest or knowledge in the following (check all that apply):**

Seniors or People with Disabilities

Mental Health/Addictions

Health/Medical

Dental

Education

Local Government

Children

Tribe

Housing

Faith Community

**If selected to serve on the Community Advisory Council,  
do we have your permission to list your name on our  
website and in printed material?** Yes No



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**I am applying as (please select one):**

Current UHA member

Parent/Guardian of current UHA member

*If you selected either of these, please provide:*

Member Name:

Member ID Number:

Former OHP member

Parent/Guardian of former OHP member

I work/volunteer for an agency or  
business associated with one of the  
listed special interests

Name of agency/business:

**Have you ever been convicted of any  
fraud or healthcare-related crime?**

Yes

No

If yes, please describe:

**Please explain your interest in being a member of Umpqua Health Alliance's  
Community Advisory Council (CAC):**

**Please provide a brief summary of your current and previous volunteer  
experience:**



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**Please list community health issues that are important to you:**

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**Please list references:**

Name	Organization	Phone	Email
1.			
2.			
3.			

**Thank you for completing this application, and for your interest in volunteering  
with Umpqua Health Alliance!**

**Your application must be received on or before May 31, 2018.**

Please send all completed applications via email to Kat Cooper at [kcooper@umpquahealth.com](mailto:kcooper@umpquahealth.com), or mail them to:

Umpqua Health Alliance  
Attn: Kat Cooper  
500 SE Cass Ave. Ste. 101  
Roseburg, OR 97470

If you have any comments or questions, contact Kat Cooper at (541) 229-7022  
[kcooper@umpquahealth.com](mailto:kcooper@umpquahealth.com).