



# 2019 Community Advisory Council Application

<b>Name:</b>			
<b>Mailing Address:</b> Please include city, state, zip			
<b>Phone Number:</b>		<b>Social Security Number:</b>	
<b>Email:</b>		<b>Date of Birth:</b>	

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:**

**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 June 10, 2019.**

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  
3031 NE Stephens St.  
Roseburg, OR 97470

If you have any comments or questions, contact Kat Cooper at (541) 229-7058 [kcooper@umpquahealth.com](mailto:kcooper@umpquahealth.com).