



2020 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



2020 Community Advisory Council Application

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:



2020 Community Advisory Council Application

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!**

Please send all completed applications via email to Kat Cooper at 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.