





# 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:**



# 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](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).