

Housing

## Community **Advisory Council Application**

Name:				
Mailing Address: Please include city, state, zip				
Phone Number:		Social Se	ecurity Number:	
Email:			Date of Bi	rth:
Date of birth and So Your information will	-			ckground checks.
Are you over the a	ge of 18?	Yes	No	
Please list the approximactivities:	mate number of	hours per n	nonth you could	devote to
Monthly meetings are Will that work for your		hursday of	every month, fro	
Please check the a	area in the count	y that best	represents wher	e you live:
North and East Dou West Douglas Cou South Douglas Cou Central Douglas C	nty (areas west c unty (areas south	of Roseburg of Rosebu	g/Green) rg/Green)	nchester area)
I have a special in	terest or knowled	dge in the f	ollowing (check	all that apply):
Seniors or People	with Disabilities		Mental Health/A	Addictions
Health/Medical			Dental	
Education			Local Governm	ent
Children			Tribe	

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

Faith Community



## 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 p	rovide:
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 an fraud or healthcare-related crime?  If yes, please describe:	<b>y</b> Yes No
Please explain your interest in being of Community Advisory Council (CAC):	a member of Umpqua Health Alliance's



## Community Advisory Council Application

Please list reference	ces:		
Name	Organization	Phone	Email

Please list community health issues that are important to you:

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.