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| **Name:** |  |
| **Mailing Address:** Please include city and zip code |  |
|  |
| **Email Address:** |  |
| **Phone Number:** |  | **Date of Birth:** |

*Your information will remain secure and confidential.*

|  |  |  |
| --- | --- | --- |
| Are you over the age of 16? |[ ]  Yes |[ ]  No |

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

|  |  |  |
| --- | --- | --- |
| Monthly meetings are on the second Thursday of every month, from 3:45-5:15Will 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 |

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

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?If yes, please describe: |[ ]  Yes |[ ]  No |

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:

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.