

|  |  |  |
| --- | --- | --- |
| **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 3:45-5:15  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 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](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).