

UC DAVIS HEALTH

UC Davis Health Community Advisory Board (CAB) members are a representative group of up to 30 dedicated community volunteers who live in the Sacramento region. Through quarterly board meetings, ongoing committee assignments, and ad hoc working groups, CAB members are asked by UC Davis Health leadership for their views and opinions impacting the health system and its effect on the broader community.

Recruitment and selection of CAB members emphasize diverse perspectives; members are drawn from throughout the region to reflect the needs and concerns of various ethnic, economic and cultural groups. Current members include educators, small business owners, non-profit agency administrators, state employees, elected official staff members, retirees, patient advocates and corporate business professionals.

CAB members are recruited every two years, interviewed by a selection panel, and invited to serve a four-year term. Each CAB member is expected to serve on at least one committee, with additional opportunities for community outreach and volunteer participation throughout the year. Time commitments vary, however, the average commitment is between 16-20 hours annually. University of California employees and its vendors are excluded from membership on the CAB.

2019 Selection Process Schedule

January 15, 2019 - Open house for prospective members.

January 17, 2019 - Applications available on the UC Davis Health website.

March 4, 2019 - Applications due by no later than 5 pm or postmarked on this date.

March 2019 - Interviews held.

April 2019 - Applicants notified of selection.

July 1, 2019 - New members begin term of service.

For more information, visit: https://health.ucdavis.edu/community_relations/cab.html or call 916-734-5441.



2019 Community Advisory Board (CAB) Member Application

Instructions and Information

1. Please complete all pages of the application fully and legibly.
2. Supporting materials may be attached.
3. Applications may be submitted by mail, in-person, fax or email. **APPLICATIONS ARE DUE BY NO LATER THAN 5 PM OR POSTMARKED ON MONDAY, MARCH 4, 2019.**
4. Copies may be submitted in lieu of originals.
5. Application and supporting materials will not be returned.
6. Applications can be submitted to:

Government and Community Relations
 4800 Second Avenue, Suite 2100
 Sacramento, CA 95817
 916-734-5441 FAX: 916-734-5777
 Email: HS-community.relations@ucdavis.edu

Applicant Information

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

Email: _____

1. Participation

To accomplish the objectives of the Community Advisory Board, full participation of each member is required. The length of the term at this time is four years (July 1, 2019 - June 30, 2023). The CAB meets quarterly on the second Tuesday of the months of January, April, July and October. Each member of the CAB must also attend meetings of at least one subcommittee, which meet about 3-5 times a year. Subcommittee meeting dates and times are set by committee members.

Are you willing to meet these requirements for the full length of the term? YES NO

2. Community Involvement

List, in order of importance to you, any neighborhood, community, civic, professional, business, social, athletic, or any other organization of which you are or have been a volunteer member.

<u>Organization</u>	<u>Dates of Membership</u>	<u>Position held</u>
1. _____	_____	_____
2. _____	_____	_____

3. _____

4. _____

5. _____

6. _____

7. _____

How much time each month do you volunteer at neighborhood, community, civic, professional, business, social, athletic, or any other organizations:

What have you accomplished in these organizations that are important to you?

3. General Information

How did you learn about the Community Advisory Board? Were you referred by anyone and if so, who?

How can you assist or what skills can you bring to the Community Advisory Board?

Do you speak multiple languages? If so, what are they?

What, if any, experience have you had with UC Davis Health?

Where do you receive your health care?

UC Davis Health Dignity/Mercy Kaiser Permanente Sutter Health Other

4. Employment

Employer: _____ Dates of employment: _____

Title: _____

Type of Business: _____

Do you foresee a potential conflict of interest with your business or any other affiliations you might have?

YES NO

If yes, please explain: _____

Previous Employer: _____ Dates of employment: _____

Title: _____

Type of Business: _____

5. Acknowledgement

I understand that completion of this application does not ensure a candidate's acceptance to the Community Advisory Board. However, if selected, I will devote the time required as outlined in this application.

Applicant's Signature _____ Date _____

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Referred Not Referred
 Complete If not, state reason:

Reviewed by: _____ Date: _____