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.

February 25, 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](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, FEBRUARY 25, 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: __________________ 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.

   Organization __________________________ Dates of Membership __________________________ Position held

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

******************************************************************************************

FOR OFFICE USE ONLY

☐ Referred  ☐ Not Referred

☐ Complete  ☐ If not, state reason:

Reviewed by: ___________________________ Date: ___________________________