



UC Davis Health Community Advisory Board (CAB) members are a representative group of dedicated community volunteers who live in the Sacramento region. Through quarterly board meetings, ongoing committee assignments, and ad hoc working groups, CAB members receive in-depth knowledge about UC Davis Health, participate in meaningful initiatives, and are asked 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, corporate business professionals, and more.

CAB members are recruited every two years, interviewed by a selection panel, and invited to serve an initial 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.

2025 Selection Process Schedule

January 22, 2025 - Applications available on the UC Davis Health website.

February 17, 2025 - Applications must be returned via email by no later than 5 p.m.

Late February - March 2025 - Interviews held virtually.

April 2025 - Applicants notified of selection.

July 1, 2025 - New members begin term of service.

For more information, email HS-Community.Relations@ucdavis.edu; visit: https://health.ucdavis.edu/community_relations/cab.html or call 916-734-5441.



2025 Community Advisory Board (CAB) Member Application

Instructions and Information

- Please complete all pages of the application fully and legibly.
- Supporting materials may be attached.
- Copies may be submitted in lieu of originals.
- Application and supporting materials will not be returned.
- APPLICATIONS ARE DUE BY NO LATER THAN 5 P.M. ON MONDAY, FEBRUARY 17, 2025.

Submit application by email to:

Government and Community Relations
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, 2025 - June 30, 2029). 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 2-3 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. _____	_____	_____

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 and/or what skills can you bring to the Community Advisory Board?

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

What experience (if any) 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: _____