**Oregon Health Authority Office of Equity and Inclusion**

**Community Advisory Council**

**COMMITTEE APPOINTMENTS**

**INTEREST FORM**

**Deadline is October 31, 2019**

The purpose of this form is to assist the Oregon Health Authority Office of Equity and Inclusion in evaluating the qualifications of an applicant for appointment to the OHA OEI Community Advisory Council.

**Please complete this form and return by fax or email to:**

Leann Johnson, OHA Equity and Inclusion Director, Email leann.r.johnson@state.or.us (FAX: 971-673-1128)

For more information contact Allison Varga at [Allison.varga@state.or.us](mailto:Allison.varga@state.or.us) or by phone at 971-673-1283 or contact Shelley Das at [shelley.das@state.or.us](mailto:shelley.das@state.or.us) or by phone at 971-673-2960.

You can get this document in another language, large print, braille or a format you prefer. Contact Crystal Marion at the Office of Equity and Inclusion at 971-673-1287, or 7-1-1 for TTY, or email [languageaccess.info@state.or.us](mailto:languageaccess.info@state.or.us) for alternate format requests.

**BOARD/COMMISSION APPOINTMENT(S) DESIRED**

I am applying for appointment on the following committee(s):

\_X\_ **Community Advisory Council**

**PERSONAL INFO**

**Name:**

Preferred Mailing Address: Home  Business

Preferred Title: (E.g. Mr, Mrs, Ms, Dr, etc.)

Preferred Pronouns:

First Name: MI: Last Name:

Home Address:

City State Zip County:

Mailing Address:

City State Zip County:

Occupation:

Home Phone: Business Phone: Cell Phone:

E-mail address:

To assist us in meeting our Race, Ethnicity, Language and Disability demographic data collection requirements and affirmative action objectives, we would appreciate that you complete the demographic information in the attached document. This information is optional. Under state and federal law, this information may not be used to discriminate against you.

I will accept appointment if selected by the OHA Office of Equity and Inclusion Community Advisory Council and if appointed, I pledge my best efforts to resolve, before assumption of responsibilities, any conflicts of interest that would be inconsistent with my responsibilities as a committee member.

Signature: Date:

**HEALTH EQUITY EXPERIENCE**

**Health equity is a priority for the Oregon Health Authority and the Office of Equity and Inclusion. Health equity means that everyone should have a fair opportunity to live a long, healthy life. Health should not be compromised or disadvantaged because of an individual or population group’s race, ethnicity, national origin, immigration or refugee status, disability, gender or gender identity, sexual orientation, age or other social conditions. The goal of health equity is to eliminate barriers to health and eliminate avoidable gaps in health outcomes between all social groups.**

**Describe in a few paragraphs your lived and professional experience with health equity, including how your commitment to equity is visible in your life:**

**Describe your experience working with community based organizations working to advance equity and in effectively communicating community priorities, issues, and solutions:**

**Please describe your knowledge of and experience with the OHA Office of Equity and Inclusion:**

**Describe in a few paragraphs why you are interested in serving on the Office of Equity and Inclusion Community Advisory Council. You may include information about your background and/or professional field that supports your interest:**