**Application for Membership On the**

**Alameda County Public Health Department Public Health Commission (PHC)**

**Interested applicants for PHC nominations must live in Alameda County. Desired qualities for PHC applicants include: a strong commitment to advocating for increased quality of public health services; an awareness of the health and well-being of Alameda County residents; an ability to make information-based decisions; an understanding of health inequities and willingness to participate in addressing them; and an ability to work collaboratively with diverse groups of people.**

**PERSONAL DATA SHEET**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(include city & zip code)

1. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(cell/home) Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Agency/Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8.** Please check which of the following represents a skill or expertise you would bring to the Commission (check all that apply).

 Public health law and policy development  Epidemiology, research, evaluation and assessment

 Public health expertise, e.g.: environmental health, chronic diseases, and communicable diseases

 Program development and management  Information technology and its application to public health

 Health care finance  Health promotion and prevention

 Community organizing  Cultural understanding

 Lobbying and advocacy  Public speaking and presentation experience

Please describes the skills checked above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**9.** Memberships and Community Service, including Parent Teachers Association, Church Groups, Community Groups, and Professional Organizations (include any offices held):

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**10.** Briefly describe community activities you have been involved in that reflect your interest in Public Health and Environmental issues.

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**11.** Why are you interested inthe PHCand what can you contribute?

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1. Which Public Health Commission seat(s) are you applying for?

 Supervisory District 1  Supervisory District 2  Supervisory District 3

 Supervisory District 4  Supervisory District 5  At large

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**Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please print your full name**

**Thank you for your interest in the Public Health Commission!**

Return your complete application and attach a CV to:

[phcommission@gmail.com](mailto:phcommission@gmail.com)

OR by regular mail:

Clerk of the Board: Board of Supervisors for the Public Health Commission

1221 Oak Street, Suite 536, Oakland, CA 94612

Phone: (510) 272-6347

Applications can also be submitted online at [www.acphc.wordpress.com](http://www.acphc.wordpress.com)