Community Advisory Board

The Community Advisory Board (CAB) is a representative group of up to 28 volunteer members who live and work throughout the greater Sacramento region. The Board advises Health System leaders on issues of interest to the broader community with a special focus on access to high-quality health care. CAB members are dedicated community activists, interested professionals and valued volunteer leaders. Recruitment and selection of CAB members emphasizes diversity. Drawn from throughout the region, members reflect the needs and concerns of various ethnic, economic and cultural groups. Current members include educators, health-care providers, law enforcement officials, non-profit agency administrators, patients, small business owners, students and retirees.

The CAB is an essential partner in helping to achieve the university’s four-part mission: excellence in education, leadership in innovative research, state-of-the-art clinical care and effective community engagement. Through quarterly board meetings, ongoing committee assignments and ad hoc working groups, members work closely with health system leadership. As well-informed advisors, CAB members are routinely solicited for their views and opinions, and often influence decisions impacting the broader community.

CAB members are recruited every two years, interviewed by a selection committee, and invited to serve a six-year term. Each member is expected to serve on at least one CAB committee, with additional opportunities for community outreach and volunteer participation throughout the year. A few of the accomplishments of the CAB in recent years include:

- Assisting in the university partnership with Sacramento High School’s School of Math, Science and Engineering and Arthur A. Benjamin Health Professions High School.
- Participating in growth and expansion planning for the 140-acre Sacramento medical center campus.
- Participating in medical student recruitment and revisit efforts to attract students reflective of California’s diverse population.
- Holding a Middle School Outreach event to expose children from underserved areas about a variety of occupations available in the health care profession.

**2009 Selection Process**
Applications released November 3, 2008
Recruitment Reception mid January 2009
Applications due February 16, 2009
Interviews scheduled March 16-20, 2009
Applicants notified of selection March 30, 2009
New CAB members presented for Board approval April 14, 2009
New CAB members (term 2009-2015) begin term of service July 1, 2009

For more information about the Community Advisory Board, please visit the website address at: [www.ucdmc.ucdavis.edu/community_relations/cab.html](http://www.ucdmc.ucdavis.edu/community_relations/cab.html)
COMMUNITY ADVISORY BOARD (CAB) MEMBER APPLICATION

APPLICANT INFORMATION

Name: ______________________________________________________________  Date: _________________
(Last)                                                                          (First)

Address: ___________________________________________________________________________________
(No.)               (Street)                                                                                 (City)                                                   (State)               (Zip)

Home Phone:  _______________________________________________  Work Phone:  __________________________________________

Fax Number: _________________________________ Cell Phone (optional): ____________________________

Email: ___________________________________________________________________________________

INSTRUCTIONS AND INFORMATION

- Please complete all pages of the application fully and legibly.
- Supporting material may be attached.
- Applications may be submitted in person, by fax or by mail. Applications must be received by 5:00 p.m. on Monday, February 16, 2009.
- Photocopies may be submitted in place of an original application.
- Application and supporting materials will not be returned.
- Applications can be mailed or faxed to:

  Government and Community Relations Office
  UC Davis Health System
  Facilities Support Services Building, Suite 2100
  4800 2nd Avenue, Sacramento, CA  95817
  Office: 916.734.5441
  Fax: 916.734.5777

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APPLICATION

1. PARTICIPATION
To accomplish the CAB’s objectives, full participation of each member is necessary. Board members serve one, six-year term. The CAB meets quarterly on the second Tuesday of the month (January, April, July and October) at the UC Davis Medical Center. Each board member must serve on at least one subcommittee, which meets approximately four times a year. Meeting dates are set by the members of the committees.

Can you make this time commitment? □ Yes □ No

2. COMMUNITY INVOLVEMENT: VOLUNTEERISM/ORGANIZATIONS/ACTIVITIES
List, in order of importance to you, neighborhood, community, civic, professional, business, religious, social, athletic, or other organizations of which you are or have been a volunteer member.

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<th>Organization</th>
<th>Dates of Membership</th>
<th>Position Held</th>
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How much time each month do you volunteer at neighborhood, community, civic, professional or other organizations and activities:

______________________________________________________________________________

______________________________________________________________________________

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

______________________________________________________________________________

______________________________________________________________________________

3. GENERAL INFORMATION
How did you learn about the Community Advisory Board?

______________________________________________________________________________

______________________________________________________________________________

How can you assist the Community Advisory Board?

______________________________________________________________________________

______________________________________________________________________________
Are there any additional languages spoken?

What is your experience with the UC Davis Health System?

In your judgment, what are the two most pressing issues facing health care today?

4. EMPLOYMENT
Employer: ____________________________ Dates of Employment: ________________
Type of Business: __________________________________________________________
Title: ________________________________________________________________

Do you foresee a potential conflict of interest with your business or any other affiliations you might have?  ☐ Yes  ☐ No

If yes, please explain? ____________________________________________________

5. ACKNOWLEDGEMENT
I understand that completion of this application does not ensure a candidate’s acceptance to the Community Advisory Board. If selected, I will devote the time required as outlined in section one of this application.

Applicant’s Signature ____________________________ Date ____________________________

----- FOR OFFICE USE ONLY -----

☐ REFERRED  ☐ NOT REFERRED

COMPLETE: ☐ YES ☐ NO  IF NO, STATE REASON: _________________________________

☐ FILE COPY  ☐ OFFICE COPY

REVIEWED BY:

UC DAVIS HEALTH SYSTEM REPRESENTATIVE ____________________________ DATE

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