

**University of Mississippi Medical Center
Clinical and Population Health Research
Community Advisory Board (CAB) Application**

The Community Advisory Board (CAB) is a representative group of volunteer members who live and work in the greater Jackson, Mississippi region, and advise leaders and investigators at the University of Mississippi Medical Center (UMMC) on issues of interest to the broader community with a special focus on participation in clinical trials, population-based research studies, and participation in biobanks. CAB members are dedicated community activists, interested professionals and valued volunteer leaders in the Jackson community.

This Board is an essential partner in achieving the UMMC research mission of improving the health of Mississippians through scientific discoveries. Through quarterly board meetings, ongoing committee assignments, and ad hoc working groups, the CAB members are in regular communication with the leadership of the research mission. The goal is to include the voice of the community in the development of the policies, practices and decisions that will inform UMMC's research efforts. As well-informed advisors, these members are routinely solicited for their views and opinions and often influence decisions impacting the broader community.

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INSTRUCTIONS and INFORMATION

- Please complete all pages of the application fully and legibly.
- Supporting materials may be attached.
- Applications must be received by June 15, 2018.
- Applications and supporting materials will not be returned.
- Applications may be submitted by email, mail, or fax to the following:

University of Mississippi Medical Center
Myrlie Evers-Williams Institute for the Elimination of Health Disparities
ATTENTION: Community Advisory Board
2500 North State Street
Jackson, Mississippi 39216
Email: fcaples@umc.edu
Fax: 601-815-9025

DEMOGRAPHIC

Last Name:		First Name:		Middle Name:	
Home Mailing Address:					
City:		State:		Zip Code:	
Contact Number:			Email Address:		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male			Date of Birth:		
Which of the following best represents your racial or ethnic heritage?			American Indian or Alaska Islander		
			Asian		
			Black or African American		
			Hispanic or Latino		
			Native Hawaiian or Other Pacific Islander		
			White		
			Other (please specify): _____		
Age Group:			18 – 24 years of age		
			25 – 34 years of age		
			35 – 44 years of age		
			45 – 54 years of age		
			55+ years of age		
What's the highest level of education you have completed?			Some high school		
			High school/GED		
			Some College		
			Associate Degree		
			Bachelor's Degree		
			Master's Degree		
Advanced Graduate Degree or PhD					

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APPLICATION

1. Participation

In order to accomplish the CAB's objectives, full participation of each member is necessary. Board members serve a term of at least two years. The CAB meets at the Myrlie Evers-Williams Institute, located in the Jackson Medical Mall quarterly on dates that are predetermined by the members. Interim meetings are occasionally scheduled when necessary. Members are also encouraged to participate on CAB subcommittees.

Can you make this time commitment? ☐ YES ☐ NO

If no, please explain: _____

2. Community Involvement (volunteerism/organizations/activities)

Please list neighborhood, community, civic, professional, business, religious, social, athletic, or other organizations of which you are or have been a volunteer member

Organization	City, State	Dates	Position/Duties

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

3. Skills and Interest

List at least three skills or interests that you possess (Examples: party planning, good listener, and organizational skills, public speaking or presenting).

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4. General Personal Experience

How did you learn about the CAB?	
Why do you want to be a member of the CAB?	
What would make you an effective member of the CAB?	
Describe any teamwork or leadership experience you have had.	
In your opinion, what are the two most pressing issues facing health care today?	

5. References

Please list two personal or professional references that we may contact.

Name of Reference	Contact Phone Number	Contact Email Address	Relationship

6. Acknowledgement

All information provided, to my knowledge, is correct and true. I grant permission for my responses and references to be verified by applicable member(s) of the selection committee. I understand that completion of this application does not ensure a candidate's acceptance to the Community Advisory Board (CAB). If selected, I will devote the time required as outlined in section one of this application. If, at any time or for any reason, I am unable to devote the time required as outlined in section one of this application, I will provide notice of my reasoning/or resignation from the CAB.

Applicant's Signature

Date

-----For Office Use Only-----

Date:	<input type="checkbox"/> Referred	<input type="checkbox"/> Not Referred
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If not referred, reason:

Selection Committee CAB Representative Reviewed by Name:

Selection Committee CAB Representative Reviewed by Signature: