



# Community Health Advisory Committee Membership Application Form

## Message from the Sunrise Regional Health Authority

The Sunrise Regional Health Authority’s Community Health Advisory Committee members offer a rich diversity of experience, skill and talent. The Community Health Advisory Committee is important in providing the Regional Health Authority with advice and perspective on health related issues. For this reason, we are excited to offer you the opportunity to serve as a member of a Community Advisory Network for a three year period ending **November 30, 2017**.

In order for the Regional Health Authority to ensure that the membership of Community Health Advisory Committee is as representative as possible of the communities we serve, we need to learn a little more about those who are interested in serving on the network. So, please tell us a little bit about yourself by completing and returning the following survey.

This information will be held in strict confidence, and will not be circulated for use other than in forming the Community Health Advisory Committee. Also, please be assured that we will definitely not share this information with any third party vendors.

### Contact Information:

Name:	
Address:	City:
	Postal Code:
E mail address:	Telephone:

Please place a check mark (✓) in the box that best describes you:

1. What is your gender?  Male  Female
2. What age group would you fall under?  
 16-25 years  26-39  40-49  50-64  65+
3. Do you identify yourself as a member of one of the following groups?  
 Visible Minority  First Nations/Metis/Inuit  Person with a Disability

### Background:

Please describe your education, occupation and volunteer experience. Also, include any experiences you have had serving on a board, committee or other consultative body.

**Motivation:**

Please tell us why you would like to serve on the Community Health Advisory Committee. Describe your own commitment to your community.

**Other Information:**

Would you like to offer any other information or experience regarding your suitability for membership on a Community Health Advisory Committee?

\_\_\_\_\_  
Signature of Interested Party

\_\_\_\_\_  
Date

**Declarations of interest are presented to the Sunrise Health Region Board  
for their review and consideration.  
All committee members are board appointed.**

**Return Instructions:**

Please mail or fax your completed form **by November 3<sup>rd</sup>, 2014** using the following information:

**Mail:**  
Community Health Advisory Committees  
Sunrise Health Region  
Park Unit ~ 270 Bradbrooke Drive  
Yorkton, Saskatchewan S3N 2K6

**Fax:**  
(306) 786-0122

For more information, or if you have questions regarding the application form, please call:  
(306) 786-0109.

