

SAN LUIS OBISPO COUNTY HEALTH COMMISSION APPLICATION

SAN LUIS OBISPO COUNTY HEALTH COMMISSION MISSION:

The mission of the San Luis Obispo County Health Commission shall be to work with, and on behalf of, the residents of the County to preserve and improve the quality of health for all people within the community. The Commission shall do all in its power to meld elements from both the public and private sectors in order to achieve the best and most cost-effective use of all health resources available to the community.

BY-LAWS, ARTICLE III, SECTION 1 - MEMBERSHIP:

a. The voting membership of the Commission should be broadly representative of the social, economic, linguistic, handicapped, and racial populations, geographical areas within the County and be in reasonable proportion to the ethnic origin, gender and age groups in the population of San Luis Obispo County.

b. The voting membership of the Commission shall consist at all times of a majority six (6) of health care consumers who are not direct or indirect providers of health care. The remainder of the Commission voting membership, five (5), two (2) shall be indirect providers and three (3) direct providers who are representative of the health care system in San Luis Obispo County. For the purposes of this Commission, effective July 1, 2000, indirect providers are defined as those individuals who are affiliated with the health care system and who are currently providing support services. These may include, but are not limited to medical office staff, health care administrators, health insurance personnel, health education/trainers, and individuals who are members of governing boards of a health care entity. Direct providers for the purposes of this Commission are defined as those individuals who are currently providing "hands on" health care services. These may include but not limited to, physicians, nurses, lab technologists, pharmacists, dentists, physicians assistants, ophthalmologists, podiatrists, mental health therapists, and other health care service providers.

(Please print or type)

Name _____

Address (home) _____

City _____ Zip Code _____ Phone _____ Fax _____

Address (work) _____

City _____ Zip Code _____ Phone _____ Fax _____

Current Past Occupation _____

Current Past Employer _____

ON A SEPARATE SHEET, PLEASE INCLUDE A SHORT NARRATIVE IN RESPONSE TO THE FOLLOWING QUESTIONS.

1. Why do you want to serve on the San Luis Obispo County Health Commission?
2. What do you envision contributing during your term on the Commission?
3. What health issues interest or concern you?
4. The expectation is that Commissioners will devote at least 10 hours per month. Will your time schedule permit this commitment?

Please attach a resume, if available. A resume will not substitute for the above-requested information.

Please attach two letters of reference attesting to your knowledge and interest in promoting health care in San Luis Obispo County.

PLEASE RETURN COMPLETED APPLICATION TO: HEALTH COMMISSION, 2191 JOHNSON AVENUE, SAN LUIS OBISPO, CA 93401

The San Luis Obispo County Health Commission Bylaws state that “the voting membership of the Commission should be broadly representative of the social, economic, linguistic, handicapped, and racial populations, geographical areas within the County and be in reasonable proportion to the ethnic origin, gender and age groups in the population of San Luis Obispo County.”

Please assist us in meeting this objective by completing the following:

Name _____

GENDER – Please check one:

- 1. Male
- 2. Female

AGE GROUP – Please check one:

- 1. Under 21
- 2. 21 - 45
- 3. 46 - 60
- 4. 60 or over

HOUSEHOLD ANNUAL INCOME – Please check one:

- 1. Less than \$15,000
- 2. \$15,000 - \$29,999
- 3. \$30,000 - \$49,999
- 4. Over \$50,000

ETHNIC IDENTIFICATION – Please check one:

- 1. White (non-Hispanic)
- 2. Black (non-Hispanic)
- 3. Hispanic
- 4. Asian / Pacific Islander
- 5. American Indian / Alaskan Native
- 6. Filipino
- 7. Other _____

DISABILITY – Please check one:

- 1. Hearing
- 2. Visual
- 3. Speech
- 4. Physical
- 5. Developmental Disability
- 6. Other _____
- 7. None