



Central Oregon Health Council Board Member Application

Please complete this application, submit a resume and provide a letter of interest briefly stating:

(1) Why you would like to serve on the COHC Board; (2) important issues you believe the COHC Board should address (3) your experiences or background in population health and/or Medicaid (4) your ability to work collaboratively on the board or committee; and (5) your commitment to prepare for and attend meetings. The Board meets at rotating venues that include Bend, La Pine, Madras, Prineville and Redmond on the second Thursday of each month from 12:30 p.m. to 3:30 p.m. (lunch is provided).

Please complete the following (please print):

Name: _____

Home Address: _____

Telephone & Email Address: _____

Occupation: _____

Position Applied for: (Education or Long Term Services and Supports (LTSS)) _____

I certify that the foregoing is correct to the best of my knowledge.

Name Printed

Date

Signature