

APPLICATION FOR APPOINTMENT TO THE SACRAMENTO COUNTY STEERING COMMITTEE ON REDUCING THE DISPROPORTIONATE NUMBER OF AFRICAN AMERICAN CHILD DEATHS

PLEASE PRINT OR TYPE

Name:		
Residence Address:		
Work Address:		
PLEASE NOTE THAT STEERING COMMITTEE MEMBERS MUST LIVE AND/OR WORK IN SACRAMENTO COUNTY.		
Supervisorial District in which you live (or work, if you live outside the county):		
If you do not know the supervisorial district in which you live, contact the County Clerk's office at 874-5411.		
Do you live (or work, if you live outside the county) in an incorporated city? Yes No	If Yes, which city?	
Home phone number:	Work phone number:	Fax number
Cell phone number:	E-mail address:	

Areas of Representation: Please indicate the seat that you are applying to fill & indicate whether your experience is professional or personal. See the listing below of Steering Committee seats
Seat Applying for:
Professional/Personal Experience:

Please check additional Steering Committee seats you are willing to hold:

- Department of Child, Family and Adult Services
- Department of Human Assistance
- County Public Health Officer
- First 5 Sacramento Commission
- Child Abuse Prevention Council
- Foundations
- Health Care Systems (Please indicate what healthcare system you represent)
- Community-Based Health Provider
- Judicial
- Education
- Workforce Development
- Housing Advocacy & Policy
- Civic Groups
- Faith-Based Organizations
- Parent Representatives
- Youth Representatives (up to age 25)
- Advocates
- Maternal Child and Adolescent Health Board

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- Law Enforcement
- Child Protective Services
- Department of Health Services
- Behavioral/Mental Health
- Domestic Violence Service Provider
- Department of Health Services

In answering the following question, identify the manner and extent of your experience. As applicable, provide any specific experience you may have related to reducing disparities and/or improving outcomes for African Americans. Attach additional pages if needed. A resume may be attached containing this and any other information that would be helpful in evaluating your application.

Education:

Employment Experience:

Community Experience, Affiliations & Awards:

County Boards/Commissions/Committees on which you have served:

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Other experience you feel would be helpful in making this appointment:

What goal or goals do you have in serving on the Steering Committee:

Do you or any member of your immediate family work for the County of Sacramento or hold a position that might conflict with your ability to make impartial recommendations? Yes No

If Yes, please explain:

References: Please list three references with telephone numbers.

Name	Telephone Number
1.	
2.	
3	

DATE: _____ SIGNATURE: _____

Send completed application to Erica Allen at ecallen@sierrahealth.org
Sierra Health Foundation
1321 Garden Highway
Sacramento, CA 95833

Questions? Please call (916) 707-2307 or e-mail Shelley Dyer
at sdyer@sierrahealth.org

Applicants appointed to the Steering Committee will be required to complete and
file a Statement of Economic Interests (Form 700).