CAHSAH COMMITTEE APPLICATION FORM

Every effort will be made to place you on the committee(s) of your choice. However, because the size and number of committees is limited, it may not be possible to accommodate your request. Please indicate your choice of section and/or standing committee, along with one alternate choice. Committee members serve for two-year terms and terms are staggered for continuity.

Membership Section Steering Committees:

If you are applying for a section steering committee, please apply only to the steering committee for your primary membership section.

__ Licensed Home Care
__ Hospice
__ Medicare Certified
__ Licensed Home Health

Standing Committees:

__ Education & Conference Planning
__ Policy, Advocacy & Public Affairs
__ Medi-Cal
__ Membership

Have you applied to serve on a committee before? ☐ Yes ☐ No

What specific strengths would you bring to the committee(s) you have indicated? _____

_____

_____

_____

_____

Number of years in home care? _____

Are you a member of your local Regional Council? ☐ Yes ☐ No

Name:_____ Title:_____

Organization:_____

Mailing Address:_____ City:_____ State:_____ Zip:_____

Phone: (_____)_____ Fax: (_____)_____ E-Mail: _____

Please read the following statement and then sign your name before returning this form to CAHSAH.

I am applying to serve on this committee for a 2-year term. I understand that committee members are expected to attend all committee meetings and pay for their own expenses incurred by committee participation. I also understand that current membership with CAHSAH is required to participate in any committee.

Signature:_____ Date: _____

Please submit one copy of this application to mlander@cahsah.org.