

# STATE OF COLORADO

Bill Ritter, Jr., Governor  
Martha E. Rudolph, Executive Director

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.  
Denver, Colorado 80246-1530  
Phone (303) 692-2000  
TDD Line (303) 691-7700  
Located in Glendale, Colorado

Laboratory Services Division  
8100 Lowry Blvd.  
Denver, Colorado 80230-6928  
(303) 692-3090

<http://www.cdphe.state.co.us>



Colorado Department  
of Public Health  
and Environment

## OFFICE OF HEALTH DISPARITIES APPLICATION FOR THE MINORITY HEALTH ADVISORY COMMISSION

Please attach a current resume

Name (Last, First, Middle)				
Home Address		City	State	Zip Code
Date of Birth	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Race/Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Latino/ Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Other Please specify other: _____		
Present Employer and Your Title		Business Phone No. ( )	Home Phone No. ( )	
Business Address		E-mail Address		

### EDUCATION AND GENERAL QUALIFICATIONS

LEVEL	NAME OF SCHOOL	LOCATION	No. Years Attended	Did You Graduate?	Major Course(s) of Study
Highest Level of Education					
Include memberships or offices held in a health disparities related organization  (e.g. clinic, local health, non-profit, etc.)					
Volunteer activities with minority health offices or organizations					
Special skills, qualifications, and/or experiences pertaining to minority health/health disparities					

Congressional District	
Main Area(s) of Expertise	

**PERSONAL GOAL**

What would you like to achieve as a member of the Commission?	

**REFERENCES** (List two persons, not related to you, who you have known for at least one year.)

NAME	ADDRESS	PHONE NO. AND E-MAIL

I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to obtain any and all pertinent information, personal or otherwise. I release all parties for all liability for any damage that may result from furnishing such information.

I understand that the Colorado Open Records Act may require that certain information contained in this application be available for inspection by the general public.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**RETURN COMPLETED FORM TO:**  
 Rachel Carmen  
 Office of Health Disparities  
 Colorado Department of Public Health & Environment  
 4300 Cherry Creek Drive South, C-1  
 Denver, CO 80246-1530

Fax: 303.691.7746  
 E-mail: [rachel.carmen@state.co.us](mailto:rachel.carmen@state.co.us)

## **Preferred Characteristics of a Minority Health Advisory Commission Member**

- Availability and a commitment to health disparity issues affecting communities of color statewide
- Familiarity with health disparities topics, or the time and the willingness to learn about health disparities issues
- Prior experience with boards or committees (e.g. prior membership on a state, county, or non-profit board, advisory or steering committee, work group, task force, or public office)
- Prior experience in grassroots efforts or community organizing
- Significant contact with minority networks, social agencies, or community-based organizations
- Experience or knowledge of policy, legislation or social change
- Prior cross-cultural experience working with minority/cultural groups in Colorado

## **Responsibilities of Minority Health Advisory Commission (MHAC) Members**

1. Attend MHAC meetings throughout Colorado.
2. Actively participate.
3. Represent MHAC and communicate with your community/constituency regarding MHAC activities.
4. Represent the views of your community/constituency at MHAC meetings.
5. Adhere to the bylaws of the Minority Health Advisory Commission.