# ALZHEIMER’S DISEASE & RELATED DISORDERS ADVISORY COMMITTEE APPLICATION

1. Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. Address (including Zip Code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Phone number: **(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. E-mail address:  **\_\_\_\_\_\_**
5. Gender identity (optional) - you may choose more than one:
   1. Male
   2. Female
   3. Transgender Male
   4. Transgender Female
   5. Genderqueer / Gender non-conforming/Gender non-binary
   6. Questioning or unsure
   7. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   8. Prefer not to say
6. Racial/Ethnic background (optional):
7. American Indian / Native American / Alaskan Native
8. Asian / Pacific Islander
9. Black / African American / African
10. Hispanic / Latinx
11. White / Caucasian / European
12. Other (Specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
13. Prefer not to say
14. Occupation: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
15. Nominated by:
    1. Self
    2. Organization/Association: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
16. Membership Category – Please list the **open** membership category (or categories) for which you are applying. You may view the list of open positions on the [committee website](https://www.chhs.ca.gov/home/committees/alzheimers-disease-and-related-disorders-advisory-committee/#:~:text=The%20Alzheimer's%20Disease%20and%20Related,disease%20and%20related%20dementia%20disorders.).
17. Please provide a brief statement of qualifications that highlights the relevant skills and experience you would bring to the Alzheimer’s Advisory Committee.

In addition, please answer these questions:

1. Briefly describe the interests you will represent and what you hope to contribute by participating on the Alzheimer’s Advisory Committee.
2. What are the central issues related to Alzheimer’s and other dementias you would recommend the committee consider and why?

\*Please note that the committee meets quarterly, usually on the first Thursday of each month in February, May, August, and November. Upcoming meeting dates are posted on the [committee website](https://www.chhs.ca.gov/home/committees/alzheimers-disease-and-related-disorders-advisory-committee/#meeting-information).

SIGNATURE DATE

Electronic signature is acceptable.

Please submit the application either by email or by mail.

By Email: Julie.souliere@chhs.ca.gov, OR

By Mail:

California Health & Human Services Agency

1215 O Street

Sacramento, CA 95814

Attn: Julie Souliere