# ALZHEIMER’S ADVISORY COMMITTEE APPLICATION

1. Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. Address (including Zip Code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Phone number: **(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. E-mail address:  **\_\_\_\_\_\_**
5. Gender:
	1. Male
	2. Female
6. Ethnicity (optional):
7. American Indian or Alaskan Native
8. Asian
9. Black
10. Hispanic
11. Pacific Islander
12. White
13. Other (Specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
14. Occupation: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
15. Nomination by:
	1. Self
	2. Organization/Association:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
16. Application Category: Please select the category or categories for which you are applying.

*Currently, we are accepting applicants for this category:*

1. Mental Health Field Representative
2. Social Research Representative
3. 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 as a result of participating on the Alzheimer’s Advisory Committee.
2. What are the central Alzheimer’s issues you would recommend the committee consider and why?

\*Please note the **2021 Alzheimer’s Advisory Committee Meeting Dates**:

**March 11th, June 10th, September 9th, and December 9th 2021**

SIGNATURE DATE

Signature of a personal assistant is acceptable.

Please submit application either by email or by mail.

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

By Mail:

California Health and Human Services Agency

1215 O Street

Sacramento, CA 95814

Attn: Julie Souliere