



# 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.

- Home Care Aide
- Hospice
- Licensed Home Health
- Medicare Certified
- Managed Care

## Standing Committees:

- Education & Conference Planning
- Finance
- Medi-Cal
- Policy, Advocacy & Public Affairs
- 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 the California Association for Health Services at Home  
Mail to CAHSAH at 3780 Rosin Court #190, Sacramento, CA 95834 -OR- fax to (916) 641-5881