



## Utah Community Health Worker Coalition (CHWC) Member Application (2017)

**Individual membership** (May include CHWs, students, healthcare professionals, community members, etc. who will not be representing their employer/organization while participating in CHWC).

**Agency membership** (May include local health departments, state health department, non-profit agencies, faith-based organizations, businesses, health systems, payers, higher education, etc. who will be representing their employer/organization while participating in CHWC).

Name \_\_\_\_\_

Agency \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Text: Y/N

E-mail Address \_\_\_\_\_

I would prefer information sent to my: Home Address / Work Address / E-mail Address (circle one)

### WORKGROUP PREFERENCE:

I would like to be involved with one or more of the following workgroups

**Advisory Board**

**Advocacy and Education**

**Workforce Development**

**Evaluation & Sustainable Finance**

**Conflict of Interest Agreement:** The standard at the CHWC is that all staff, volunteers and board members avoid conflicts of interest between the interests of the CHWC and personal, professional and business interests. This includes avoiding potential and actual conflicts of interest, as well as perceptions of conflicts of interest.

I understand that the purpose of this policy are to protect the integrity of the CHWC's decision-making process, to enable others to have confidence in our integrity and to protect the integrity and reputations of staff, volunteers and board members. Upon or before appointment, I will make a full, written disclosure of interests, relationships, and holdings that could potentially results in a conflict of interest. This written disclosure will be kept on file and I will update it as needed.

In the course of CHWC meetings or activities, I will disclose any interests in a transaction or decision where I (including my organization or employer) and/or family will receive a benefit or gain. After disclosure, I understand that I may be asked to leave the room for the discussion and will not be permitted to vote on that question or issue.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this completed form to: Utah CHWC, c/o Anna Guymon, P.O. Box 142107, Salt Lake City, UT 84114-2107 or [aguymon@utah.gov](mailto:aguymon@utah.gov)