



Camden Coalition of Healthcare Providers Community Advisory Council MEMBERSHIP APPLICATION FORM

The Camden Coalition of Healthcare Providers is a non-profit organization whose mission is to improve the quality, coordination, and access to healthcare in Camden while reducing healthcare costs. Hospitals, federally qualified health centers, doctors, nurses, social service, consumer and community organizations, and residents serve on Coalition's Board of Directors.

The Coalition's Board is establishing the Community Advisory Council (CAC), a group of healthcare consumers who live in Camden that will advise the Coalition on community health needs and make independent recommendations on the strategic direction of the organization.

If you are interested in joining the CAC, and if you are a resident and consumer of healthcare services in the city, we welcome your participation.

The Coalition, along with our partners, will make every effort to recruit CAC members who reflect the community being served and strive for diversity based on geographic area, race, ethnicity, socioeconomic status, gender, disability, age, sexual orientation, veterans' status and prevalent health condition.

We value your time as a volunteer. The CAC is seeking those who can commit 3 to 6 hours per month to attend monthly meetings and or/special events.

All meetings will take place at the Camden Coalition offices, 800 Cooper Street, 8th floor, Camden, NJ 08102. Dinner, transportation, and childcare will be provided.

All information provided in this application is confidential and will only be used to ensure that the CAC is reflective of the diversity of Camden.

| | | | |
|------------|-----------|------------|--|
| FIRST NAME | LAST NAME | HOME PHONE | |
|------------|-----------|------------|--|

| | | | |
|------------|--|---------------|--|
| CELL PHONE | | EMAIL ADDRESS | |
|------------|--|---------------|--|

| | | | |
|--------------|------|-----|--------|
| HOME ADDRESS | CITY | ZIP | COUNTY |
|--------------|------|-----|--------|

| | | | |
|-----------------|------|-----|--------|
| MAILING ADDRESS | CITY | ZIP | COUNTY |
|-----------------|------|-----|--------|

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What neighborhood in Camden do you live in?

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> North Camden | <input type="checkbox"/> Centerville | <input type="checkbox"/> Marlton |
| <input type="checkbox"/> Cramer Hill | <input type="checkbox"/> South Camden | <input type="checkbox"/> Pyne Poynt |
| <input type="checkbox"/> East Camden | <input type="checkbox"/> Fairview | <input type="checkbox"/> Cooper's Poynt |
| <input type="checkbox"/> Downtown | <input type="checkbox"/> Beideman | <input type="checkbox"/> Cooper Grant/Waterfront |
| <input type="checkbox"/> Midtown | <input type="checkbox"/> Rosedale | <input type="checkbox"/> CBD/Lanning Square |
| <input type="checkbox"/> Parkside | <input type="checkbox"/> Dudley | <input type="checkbox"/> Gateway |
| <input type="checkbox"/> Whitman Park | <input type="checkbox"/> Stockton | <input type="checkbox"/> Morgan Village |
| <input type="checkbox"/> Bergen Square | <input type="checkbox"/> Liberty Park | |
| <input type="checkbox"/> Waterfront South | | |

What is your insurance category? Check all that apply.

- Medicare
- Medicaid
- Uninsured
- Newly Insured (due to the Affordable Care Act)
- Private Insurance

Race/ethnicity (optional)

- American Indian/Alaska Native
- Asian/Pacific Islander
- Black
- Hispanic
- White
- Two or more
- Other

Gender (optional)

- Male
- Female
- Prefer not to say
- Other: _____

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Check all that apply:

- Disabled
- LGBTQ
- Veteran

What is your age?

- | | |
|--------------------------------|---------------------------------------|
| <input type="checkbox"/> 14-18 | <input type="checkbox"/> 40-45 |
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 50-55 |
| <input type="checkbox"/> 24-30 | <input type="checkbox"/> 55-60 |
| <input type="checkbox"/> 30-35 | <input type="checkbox"/> 60-64 |
| <input type="checkbox"/> 35-40 | <input type="checkbox"/> 65 and older |

The CAC meets once a month for approximately 1.5 hours. What times are you available for meetings? Please circle all times that apply.

| Mon | Tues | Wed | Th | Fri | Sat |
|------------|------------|------------|------------|------------|-----------|
| 9am-5pm | 9am-5pm | 9am-5pm | 9am-5pm | 9am-5pm | 10am-12pm |
| 5pm-7:30pm | 5pm-7:30pm | 5pm-7:30pm | 5pm-7:30pm | 5pm-7:30pm | 12pm-4pm |

Do you have any special skills or experiences that you would like to contribute to the CAC?

What do you hope to gain from becoming a member of the CAC?

We can provide transportation to these meetings and other accommodations such as language interpretation. **Do you need transportation, interpretation, or childcare for the meetings?**

If you are submitting this application via email, please send to mgomez@camdenhealth.org or wbuchmann@camdenhealth.org with the subject title "CAC Membership Application"