



**Memorial Hospital Trust Advisory Committee**

**STATEMENT OF INTEREST**

Your completed Application Package must include a Statement of Interest that discusses Items 1- 5 below in three pages or less:

1. Your reasons for applying for membership to the Advisory Committee and the assets you would bring to it.
2. Your background, experience, and/or knowledge in public health, healthcare, mental health, policy, program planning and development, quality improvement, and/or research/data related to public health and mental health.
3. Your affiliation with or representation of vulnerable community groups (\*).
4. Your knowledge and experience regarding specific issues affecting vulnerable communities and vulnerable places to increase positive health and mental health outcomes.
5. How you will obtain input from constituencies that you represent and how you will communicate the issues addressed by the Committee with community members.

Attach your Statement of Interest to this application.

Your statement should be three pages or less and should be no smaller than 12-point font.

**\* “Vulnerable communities” include, but are not limited to, women, racial or ethnic groups, low- income individuals and families, individuals who have been incarcerated, individuals with disabilities, individuals with mental health conditions, children, youth and young adults, seniors, immigrants and refugees, individuals who are limited-English proficient (LEP), and lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQQ) communities, or combinations of these populations**

**REFERENCES**

Must include three (3):

Name of Reference:  
Telephone:

Organization:  
E-mail Address:

Name of Reference:  
Telephone:

Organization:  
E-mail Address:

Name of Reference:  
Telephone:

Organization:  
E-mail Address: