

## HEALTH COMMISSION COMMITTEE Membership Form

Date \_\_\_\_\_

Please provide all of the information requested. Enter N/A (not applicable) where appropriate.

**Part 1.  
Demographic/Personal Information**

<b>Name</b>			
<b>Primary Address</b>			<b>Phone Number</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
<b>Secondary Address</b>			<b>Phone Number</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
<b>E-mail Address</b>			<b>Fax Number</b>
<b>Place of Employment</b>			
<b>Title</b>			
<b>General Work Responsibilities</b>			
<b>Work Address</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
<b>E-mail Address</b>			<b>Phone/Fax Number</b>
<b>Age</b> _____	<b>Gender:</b> _____ <b>Female</b> _____ <b>Male</b>		
<b>My race/ethnicity is:</b>			
White/Caucasian (non-Hispanic/Latino) _____ Asian/Pacific Islander _____			
Hispanic/Latino _____ Black/African American (non-Hispanic/Latino) _____			
Native American/Alaska Native _____ Other _____			
<i><b>This information is being asked because the Health Commission seeks diversity in representation.</b></i>			
Health Commission Committee membership is a matter of public record. Please be aware that the meetings are subject to the "Sunshine Laws" hence meetings are not private. You will receive mail and phone calls from the Kansas City Health Department's staff.			

**Part II.**

**I am affiliated as an *Employee or Board Member/Volunteer* with the following types of organizations, agencies, or programs: (Circle all that apply and list the specific organization(s))**

- I am **not** affiliated as an employee or Board/volunteer member with any of the types of agencies listed below

Health care providers that are not Federally Qualified Health Centers	Past or Present	Employee or Volunteer
Health Care providers that are Federally Qualified Health Centers	Past or Present	Employee or Volunteer
Community-based organizations	Past or Present	Employee or Volunteer
Faith-based organizations	Past or Present	Employee or Volunteer
Social service providers	Past or Present	Employee or Volunteer
Mental health providers	Past or Present	Employee or Volunteer
Substance abuse providers	Past or Present	Employee or Volunteer
Local public health agencies	Past or Present	Employee or Volunteer
Hospital planning agencies or health care planning agencies	Past or Present	Employee or Volunteer
Non-elected community leaders	Past or Present	Employee or Volunteer
Neighborhood-based organizations	Past or Present	Employee or Volunteer
School-based organizations	Past or Present	Employee or Volunteer

**Name specific organizations and affiliation:**

**Part III.**

**Commitment Clause**

I understand the following:

- My membership on the Health Commission’s Committee will require a commitment of my time regarding monthly meetings, assignments, and reading/reviewing materials
- To be an effective member of the Committee I can expect to spend an average of four (4) hours per month engaging in Committee activities
- The term of the Health Commission’s Committee members is 3 years and I may serve 2 consecutive terms
- Committee members are expected to attend at least 50% of regularly scheduled meetings
- Within the first year that I become a Committee member I am expected to attend a Health Commission and Committee Orientation session
- Demonstrate the essential traits listed in part IV of this membership form

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mark the Committee of which you are becoming a member:

- Minority Health and Health Equity Committee \_\_\_\_\_
- Tobacco Prevention and Control Committee \_\_\_\_\_
- Health Planning and Assessment Committee \_\_\_\_\_
- Women’s and Infants’ Health Committee \_\_\_\_\_

If you have any questions please do not hesitate to call Andrew Udofia at 816-513-6264.

**Mail or fax your completed application to:**

Andrew Udofia  
Kansas City Health Department  
2400 Troost Ave., Suite 4000  
Kansas City, MO 64108  
Fax: 816-513-6293

**Part IV.** (Please tear off this page for your personal record)

To be effective, Health Commission Committee members must possess certain essential traits. Below are categories of essential traits that Committee members are expected to demonstrate while engaging in Health Commission's Committee activities.

**Leadership/Policy Governance**

- Adhere to integrity in governance using high ethical standards
- Act within the defined role of a committee member
- Demonstrate the ability to differentiate between strategic leadership and administrative detail
- Demonstrate the ability to act for the betterment of the whole committee
- Strive for effective decision making and high performance standards
- Use legal and political avenues to affect change

**Group Process**

- Engage in open communications when working in a group
- Possess active listening skills
- Establish common goals with other members of the group
- Identify common concerns and work together to resolve issues
- Strive to positively influence the group process
- Involve all members of the group in the discussion

**The Art of Compromise/Conflict Management**

- Demonstrate the ability to reach consensus
- Demonstrate the ability to accept compromises
- Identify and define problems
- Identify elements to sustainable solutions
- Apply ethical principles in the dissemination of data/information
- View situation or issues from others' perspective
- Possess flexibility in adapting processes or procedures to the needs of others
- Makes others feel valued for their opinion

**Cultural Diversity Skills**

- Possess an awareness of dynamic forces involved in working effectively in a diverse group
- Project a tolerance for divergent points of view
- Demonstrate the ability to be non judgmental in most all situations
- Conduct open communications/active listening
- Strive to be adaptable to a wide variety of approaches to diverse issues