

**Public Health Alumni Association (PHAA)
Board of Directors Application**

Today's Date: _____

Name (first, middle initial, last): _____

Public Health Degree(s), program emphasis (e.g., Epidemiology) and year of graduation:

Home address, phone, email:

Employer name, your title, address,
phone, email:

Primary job/service sector of your employer: _____

Geographic areas and/or populations served: _____

1. What are your primary field(s) of affiliation within public health? (Please check):

- | | |
|---|--|
| <input type="checkbox"/> Aging | <input type="checkbox"/> Health Policy & Management |
| <input type="checkbox"/> Biostatistics | <input type="checkbox"/> Infectious Diseases |
| <input type="checkbox"/> Community Health Services | <input type="checkbox"/> Joint Medical Program |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Maternal and Child Health |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Occupational Health |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Program/Institutional |
| <input type="checkbox"/> Health Administration | <input type="checkbox"/> Program Planning/Evaluation |
| <input type="checkbox"/> Health Education | <input type="checkbox"/> Public Health Nutrition |
| <input type="checkbox"/> Health and Social Behavior | Other: _____ |

2. Do you have a graduate degree in another field? (Please check):

___ Business

___ Public Policy

___ Law

___ Social Welfare

___ Medicine

___ City & Regional Planning

___ Nursing

Other _____

3. Why have you decided to apply to be on the PHAA Board of Directors?

4. What are your ideas for engaging and reaching out to other SPH alumni?

5. How do you feel the PHAA board would benefit from your involvement?

6. How have you remained involved with the SPH since your graduation? (Please check all that apply)

- Attended school or alumni-sponsored events
- Participated as a guest lecturer in classes
- Participated in symposia or lecture events
- Supported the School of Public Health financially
- Served as a mentor/preceptor for students
- Encouraged students to apply to the School by promoting the SPH to potential new students
- Other (please explain) _____

7. Please list any boards or committees on which you currently serve or have served. (business, civic, community, political, professional, recreational, social).

Organization	Role/Title	Dates of Service
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8. What particular skills, experience, and interests would you bring to advance the goals of PHAA? (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Board Development | <input type="checkbox"/> Outreach, advocacy |
| <input type="checkbox"/> Community service | <input type="checkbox"/> Nonprofit experience |
| <input type="checkbox"/> Event planning | <input type="checkbox"/> Policy development |
| <input type="checkbox"/> Financial management | <input type="checkbox"/> Public relations, communications |
| <input type="checkbox"/> Finance, accounting | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Fundraising | Other _____ |
| <input type="checkbox"/> Grant writing | Other _____ |

9. Please describe your availability and time commitment to the UC Berkeley PHAA (at a minimum, board members are expected to attend 3 board meetings per year, the annual retreat, and serve on 2 committees).

10. Please list any groups, organizations, or businesses that you could serve as a liaison to on behalf of PHAA and/or UC Berkeley SPH.

11. Is there any additional information you would like to share?

12. Please attach a copy of your resume.

Please submit your application by email, mail, or fax by March 1.

Please return to:
Public Health Alumni Association
c/o School of Public Health
417-L University Hall
Berkeley, CA 94720-7360

Fax: (510) 643-8753
Email: phaa@berkeley.edu