



Executive Committee or Workgroup Name _____

Name _____ **County** _____

Phone _____ **Title** _____

Email _____ **Agency Name** _____

Select the category that best describes you:

☐ **Member Appointed by** _____ **Advisory Board on** _____

☐ **Alternate Appointed by** _____ **Advisory Board on** _____

For members of selected Executive Board Committees or Workgroups.

☐ **Member Appointed by Executive Board on** _____

☐ **Alternate Appointed by Executive Board on** _____

☐ **Participant or Volunteer**

I understand that I will attend, with frequency, the above-named Committee, when scheduled. I will collaboratively participate at each meeting and will share knowledge and information freely.

If I am a member:

- I will notify the alternate member if I cannot attend a meeting.
- I will provide updates to my local Advisory Board on progress and/or action items of the Committee.
- I will discuss with my Executive Board member on the action items from the Committee that will be up and coming on the Executive Board agenda.

Signature: _____

Date: _____