**Application to join the OSBHA School-Based Health Center Advisory Committee**

**Please submit by February 10, 2017 to: admin@osbha.org**

1. **Name:**
2. **Email:**
3. **Phone:**
4. **SBHC name and location:**
5. **Position or role:**
6. **Why are you interested in participating on this committee and what do you hope to contribute?**
7. **OSBHA is committed to equity and we are interested in participation from members of communities that are underrepresented. If you are part of an underrepresented community, we invite you to identify this community:**
8. **Does your supervisor support your participation in the committee?**
9. **Are you willing and able to devote 2 to 4 hours per month to committee work for a two-year period?**
10. **Please provide any additional information you think would be helpful:**