

Public Health Alumni Association (PHAA) board of directors APPLICATION

Thank you for your interest in joining the PHAA board of directors!

Please note that board member terms are for three years, beginning on July 1 each year.

We typically require approximately 10-15 hours of time per month for board meetings, subcommittee planning meetings, correspondence between meetings and event attendance.

Today's Date: \_\_\_\_\_

Name (first, middle initial, last): \_\_\_\_\_

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

Home address, phone, email:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

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

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

- \_\_\_ Aging
\_\_\_ Biostatistics
\_\_\_ Community Health Services
\_\_\_ Environmental Health
\_\_\_ Epidemiology
\_\_\_ Global Health
\_\_\_ Health Administration
\_\_\_ Health Education
\_\_\_ Health and Social Behavior
\_\_\_ Health Policy & Management
\_\_\_ Infectious Diseases
\_\_\_ Joint Medical Program
\_\_\_ Maternal and Child Health
\_\_\_ Occupational Health
\_\_\_ Program/Institutional
\_\_\_ Program Planning/Evaluation
\_\_\_ Public Health Nutrition
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. Please list any boards or committees on which you currently 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 UCB PHAA board (at a minimum, board members are expected to attend 3 board meetings per year, the annual retreat and serve on 1-2 committees)**

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

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

**12. Please attach a copy of your resume.**

**Please submit applications by e-mail by March 15  
to [phaa@berkeley.edu](mailto:phaa@berkeley.edu)**