

VACAC New Member Application

Thank you for your interest in joining the Virginia Quality of Care Consumer Advisory Committee (VACAC).

Personal Information

Full Name: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact:

- ☐ Email
- ☐ Phone

Demographic Information (Optional)

Date of Birth: _____

Race:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native American or Pacific Islander
- ☐ Other _____

Ethnicity:

- ☐ Hispanic
- ☐ Non-Hispanic

Region:

- ☐ Central
- ☐ Eastern
- ☐ Northern
- ☐ Northwest
- ☐ Southwest

Gender Identity:

- ☐ Female
- ☐ Male
- ☐ Non-Binary
- ☐ Transgender Female (Male-to-Female)
- ☐ Transgender Male (Female-to-Male)

Preferred Pronouns:

- ☐ She/ her
- ☐ He/him
- ☐ They/them

Experience and Qualifications

Why do you want to join VACAC?

Please share your motivation for wanting to become a member of VACAC.

What experience or skills do you bring to VACAC?

Please describe any relevant experience, such as healthcare knowledge, community organizing, advocacy, or other relevant skills.

Time Commitment and Availability

Time Commitment:

VACAC members are expected to attend monthly meetings, participate in events, and contribute to various community initiatives. Please confirm your ability to commit the following:

- ☐ I can attend monthly meetings (approximately 3 hours month)
- ☐ I can participate in events, trainings, or other activities as needed.
- ☐ I have availability for occasional committee work outside of meetings.

Do you have any scheduling conflicts or other time constraints?

Expectations and Responsibilities

As a VACAC member, you will be expected to:

- Participate actively in VACAC meetings and initiatives.
- Support VACAC's mission to improve healthcare and community services.
- Represent your community and provide input on various issues related to public health, HIV/AIDS services, and related matters.

Please confirm your understanding and commitment to these expectations:

- ☐ I understand and agree to these responsibilities.

Print Name

Signature