



Member Agreement, Greater Somerset Public Health Collaborative

I, _____, wish to serve as a member of the Greater Somerset Public Health Collaborative

Date _____ Signature _____

Please check the organizational categories you represent (check all that are applicable):

- | | |
|--|---|
| <input type="checkbox"/> County Government | <input type="checkbox"/> Clinic/Community Health Center |
| <input type="checkbox"/> Municipal Government | <input type="checkbox"/> Voluntary Health Organization |
| <input type="checkbox"/> City Health Department | <input type="checkbox"/> Family Planning Organization |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Area Agency on Aging |
| <input type="checkbox"/> Emergency Management Agency | <input type="checkbox"/> Adult Mental Health Services |
| <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> Adolescent Mental Health Svcs. |
| <input type="checkbox"/> Tribes | <input type="checkbox"/> Cognitive or Physical Disabilities |
| <input type="checkbox"/> Healthy Maine Partnership | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> School District | <input type="checkbox"/> Worksite Wellness |
| <input type="checkbox"/> Local Health Officer | <input type="checkbox"/> Community-Based Org. |
| <input type="checkbox"/> Institution of Higher Education | <input type="checkbox"/> Issue-Specific Coalition |
| <input type="checkbox"/> Health Care Provider | <input type="checkbox"/> Maine CDC/DHHS |

The following populations are affected by health disparities. Please check those for which you could provide either content knowledge or representation:

- | | |
|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Rural/Urban |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Sexual Minority |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Socio-economic status |
| <input type="checkbox"/> Race/Ethnicity | <input type="checkbox"/> Veteran's status |

Contact Information

Organization: _____

Title or role: _____

Mailing address: _____

City, State, Zip: _____

Email (please write clearly): _____

Telephone (best to use): _____

