

For Office Use Only

Referred By: _____

Referred Not Referred

Complete: Yes No If no, state reason: _____

File Copy Office Copy

Reviewed by:

CAB Membership Committee Chair date

The Brooklyn Hospital Center Representative date

Approved by:

The Brooklyn Hospital Center Board of Trustees Representative date



member
NewYork-Presbyterian
Healthcare System

affiliate: Weill Cornell Medical College

121 DeKalb Avenue • Brooklyn, NY 11201
718.250.8000 • www.tbh.org



Community Advisory Board Membership Application

The Community Advisory Board (CAB) of The Brooklyn Hospital Center comprises of a diverse group of individuals with strong ties to the community we serve. Each CAB member has a keen understanding of how our hospital works. This knowledge enables us to tailor our programs and services so that TBHC meets the precise health care needs of the families in our neighborhoods.

Purpose:

- Identify operational and service issues at The Brooklyn Hospital Center that are of interest to the community.
- Obtain and disseminate information to the community about the Hospital's programs and services.
- Inform the community about health regulations and policy issues that affect the operations of the Hospital, and serve as an advocate for quality health care in the community.
- Provide advice and counsel regarding community need and projected priorities for the Hospital.
- Assist the Hospital in weighing and balancing the strategic priorities among the various constituencies it serves.
- Provide recommendations, as appropriate, on the Hospital's overall strategic plan.

Commitment:

The Community Advisory Board of TBHC is committed to remaining informed about the hospital's mission, programs, activities, accomplishments, and strategic plan.

Meetings:

The Community Advisory Board of TBHC meets the third Tuesday of each month, except in July, August and December.

Contact:

To contact the Community Advisory Board of TBHC, write, call or email
The Community Advisory Board of TBHC
c/o Community Outreach
The Brooklyn Hospital Center
121 DeKalb Avenue, Brooklyn, NY 11201
email: brw9025@nyp.org
tel: 718-250-8344

For more information about TBHC Community Advisory Board, please visit tbh.org/community-outreach

Instructions and information:

- Please complete all pages of the application fully and legibly.
- Supporting materials, such as a resume or CV and letters of recommendation, may be attached.
- Application and supporting materials will not be returned.
- Completed applications can be sent to:

Community Advisory Board Membership Committee
c/o Community Outreach
The Brooklyn Hospital Center
121 DeKalb Avenue, Brooklyn NY 11201

Personal Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

Email: _____

1. Participation:

To accomplish the CAB's objectives, full participation of each member is required. Each board member serves a two-year term. There is no limit on the number of times a member may be re-elected. The CAB meets each month on the third Tuesday, except in July, August, and December. Meetings are held at The Brooklyn Hospital Center, 121 DeKalb Avenue, Brooklyn, NY 11201.

2. Community Involvement: Volunteerism/Organizations/Activities

List, in order of importance to you, neighborhood, community, civic, professional, business, religious, social, athletic, or other organizations of which you are or have been a volunteer member.

| Organization | Dates of Membership | Position Held |
|--------------|---------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

How much time each month do you volunteer at neighborhood, community, civic, professional or other organizations and activities?

What have you accomplished in these organizations that are important to you?

3. General Information

How did you learn about the Community Advisory Board?

How can you assist the Community Advisory Board?

Are there any additional languages spoken? If so, please list:

What is your experience with The Brooklyn Hospital Center?

In your judgment, what are three of the most pressing issues facing health care in this community today?

4. Employment

Employer: _____ Dates of Employment: _____

Type of Business: _____ Title: _____

Do you foresee a potential conflict of interest with your business or any other affiliations you might have? Yes No

If yes, please explain?

5. Acknowledgement

I understand that completion of this application does not ensure a candidate's acceptance to The Brooklyn Hospital Center Community Advisory Board. If selected, I will devote the time required as outlined in section one of this application.

Applicant's Signature

Date