



Maine Department of Health and Human Services

# Maine CDC

Maine Center for Disease Control and Prevention

286 WATER STREET  
11 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0011  
TEL: (207) 287-8016  
FAX: (207) 287-9058; TTY (800) 606-0215



## DOWNEAST PUBLIC HEALTH COUNCIL MEMBERSHIP APPLICATION

### **Responsibilities:** (Downeast Public Health Council Bylaws)

- Term is for three years and is renewable.
- Shall regularly attend meetings of the Downeast Public Health Council.
- Shall attend meetings of Executive Committee (if elected) and AdHoc Committee (if appointed).
- Routinely communicate decisions, discussion, events, and business of Council to member's organization and/or agency, and to other sectors in geographic region.
- Routinely communicate organization and sector activities and initiatives to Council.
- If unable to attend meeting, I will send an alternate representative from organization/ agency.



**Organization/ Agency Name:** \_\_\_\_\_

**Sector Category:** please check the sector you present (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> County/ Municipal Government             | <input type="checkbox"/> School District                   | <input type="checkbox"/> Adult Behavioral Health Services              |
| <input type="checkbox"/> State Government                         | <input type="checkbox"/> Local Health Officer              | <input type="checkbox"/> Child/ Teen Behavioral Health Services        |
| <input type="checkbox"/> City Health Department                   | <input type="checkbox"/> Institution of Higher Education   | <input type="checkbox"/> Cognitive or Physical Disabilities            |
| <input type="checkbox"/> Hospital                                 | <input type="checkbox"/> Health Care Provider              | <input type="checkbox"/> Substance Abuse Services                      |
| <input type="checkbox"/> Emergency Management Agency              | <input type="checkbox"/> Federally Qualified Health Center | <input type="checkbox"/> Planner                                       |
| <input type="checkbox"/> Emergency Medical Services               | <input type="checkbox"/> Voluntary Health Organization     | <input type="checkbox"/> Community-Based Organization                  |
| <input type="checkbox"/> Tribes                                   | <input type="checkbox"/> Family Planning Organization      | <input type="checkbox"/> Issue-Specific Coalition                      |
| <input type="checkbox"/> Comprehensive Community Health Coalition | <input type="checkbox"/> Area Agency on Aging              | <input type="checkbox"/> Community Member<br>-Name of Community: _____ |
|   | <input type="checkbox"/> Other: _____                      |  |



**Vision: Downeast Maine communities are among the healthiest in the state.**

**Mission: Promote the health of all our communities by providing public health information, coordination, collaboration, and advocacy.**

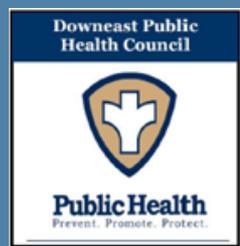


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### Member Declaration:

- I will serve as a representative of my organization/ agency on the Downeast Public Health Council.
- I understand the responsibilities of membership and my commitment to participating at meetings.
- I will communicate the actions and activities of the Downeast Public Health Council to my organization's senior management and bring pertinent organization updates to the Council.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

If applicable, please check the following:

- I am interested in taking a leadership role on the Executive Committee.
- I am interested in leading a district priority committee.

### Contact Information:

	Primary Member	Alternate Member
Name		
Title/ Role		
Mailing Address		
City, State, Zip Code		
Telephone		
Email		

\*Send completed forms to Alfred May: [alfred.may@maine.gov](mailto:alfred.may@maine.gov)

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