



The **OCH COMMUNITY ADVISORY BOARD** is a representative group of volunteer members who live and work in and around Oktibbeha County and the surrounding counties serviced by **OCH REGIONAL MEDICAL CENTER**. The Advisory Board's purpose is to improve and promote communication between OCH Regional Medical Center and the community by bringing questions, concerns and ideas from the community to hospital leaders and keeping the community informed of the hospital's goals and objectives.

REQUIREMENTS TO BE A COMMUNITY ADVISORY BOARD MEMBER:

- Attend monthly meetings
- Update the community via social media and person-to-person communication about pertinent hospital information
- Provide feedback about hospital programs and services and community needs
- Promote OCH Regional Medical Center in the community

Those interested in joining the Community Advisory Board should complete and submit an online application or print a copy and mail the completed form to:

OCH Regional Medical Center
c/o Public Relations
P.O. Drawer 1506
Starkville, MS 39760

Applications are due by Saturday, February 29, 2020. Those selected to serve will be notified by Friday, April 3.

Questions about the application process may be directed to the OCH Marketing and Public Relations Department at 662-615-3067 or community@och.org.



APPLICATION



LAST NAME

FIRST NAME

PREFERRED NAME

ADDRESS

CITY, STATE, ZIP

EMAIL ADDRESS

PREFERRED PHONE

ALTERNATE PHONE

BEST TIME TO CALL: DAY EVENING

EMPLOYER (IF APPLICABLE)

JOB TITLE

Answering the questions below is optional; you can choose which questions you would like to answer.

Your answers will help us select a community advisory board that reflects the diversity in our service area.

Age: _____

Race/ethnicity (check all that apply):

Asian

Black/African-American

Latino/Latina/Hispanic 4

White/Caucasian

Native American/Indigenous

Additional Race/Ethnicity: _____

Highest Level of Education:

High School Diploma/GED

Technical/Trade School

Some College

College Degree

Advanced Degree

Have you ever worked at OCH?

Yes No

Do you have family members who currently or have previously worked at OCH? Yes No

If yes, please list their name(s) _____

APPLICATION

CONTINUED

Please tell us why you would like to serve on the community advisory board?

If you have been or are currently a part of any boards, organizations or volunteer groups, please list below.

If someone asked you, "Tell me about OCH Regional Medical Center," what would you say?

As part of the application process, please include a brief, one-paragraph recommendation from someone who works in the healthcare field. It may be written below or attached on a separate sheet of paper. Please include the individual's name, signature and title.

NAME/SIGNATURE/TITLE

APPLICANT'S SIGNATURE

DATE

