



**HCI CONSUMER ADVISORY BOARD  
MEMBERSHIP APPLICATION**

**The Mission of HCI CAB is: To serve as liaison between  
HCI Consumers and the HCI Board of Directors; To Determine and  
Report to the HCI Board of Directors if services are meeting the  
Needs of HCI consumers and: To Promote consumer involvement in  
Volunteering,  
Advocacy and  
HIV/AIDS Awareness.**

**Personal Information**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

**Experience**

**Volunteer Experience:** \_\_\_\_\_  
\_\_\_\_\_

**Related Experience:** \_\_\_\_\_  
\_\_\_\_\_

**Why are you interested in serving on CAB?**

**What skills/knowledge/talents do you hope to contribute to CAB?**

**Cab Membership is a serious responsibility that requires the following commitment:**

- a) I agree to keep confidential any names or information about clients of HCI or information regarding the operations of HCI staff, Boards, Committees, etc. \_\_\_\_\_
- b) I agree to attend a minimum of seven (7) out of ten (10) CAB monthly meetings within twelve months, and agree that three (3) unexcused absences constitutes resignation from CAB membership and in the event I must be absent I will do my best to notify the Chair 24 hours before the scheduled CAB meeting. \_\_\_\_\_
- c) I agree to serve a minimum of twelve months as a CAB member. \_\_\_\_\_
- d) I agree to respect the diversity of HCI clients including cultural differences and will seek to improve my sensitivity to such differences as a CAB member. \_\_\_\_\_
- e) I agree to seek to represent the needs of ALL HCI clients and not just those with whom I specifically identify. \_\_\_\_\_
- f) I am currently a client/consumer of HCI services. \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**