Oregon Intervention System: Application for Steering Committee Membership

|  |  |
| --- | --- |
|  | **Please print or type** |
| Name: |  |
| Employer Name: |  |
| Employer Address: |  |
| Employer Phone Number: |  |
| Email Address: |  |
|  |  |
| Education: |  |
| Institution(s): |  |
| Degree(s): |  |
|  |  |
| Current Job Title: |  |
| Tenure in Position: |  |
| Time in Human Services: |  |
|  |  |
| Stakeholder group to be represented |  |
|  |  |
| What experience have you had with the Oregon Intervention System? |  |
| What is your understanding of the role of the Steering Committee? |  |
| Why do you want to be a member of the Steering Committee? |  |

Applicants signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Please email a scanned copy to ois@asioregon.org.