

**Sacramento County Health Center
Co-Applicant Board
Current Board Member Information**

Name:	Date:
Employer Name:	
Employer Address:	
Home Address:	
Current Board Office Position Held:	
Area of Expertise:	
>10% of Income from Health Industry? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Current Health Center Patient? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Special Population Representative? Yes <input type="checkbox"/> _____ (If yes, specify Special Population) No <input type="checkbox"/>	

Gender (select one)

- Male
- Female
- Transgender
- Unreported/Decline to Report

Ethnicity (select one)

- Hispanic or Latino
- Non-Hispanic or Latino
- Unreported/Declined to Report

Race (select all that apply)
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- | | | |
|---|--|--------------------------------|
| Native Hawaiian <input type="checkbox"/> | Other Pacific Islanders <input type="checkbox"/> | Asian <input type="checkbox"/> |
| Black/African American <input type="checkbox"/> | American Indian/Alaska Native <input type="checkbox"/> | White <input type="checkbox"/> |
| More Than One Race <input type="checkbox"/> | Unreported/Declined to Report <input type="checkbox"/> | |