



CBOP CERB

Community Based Organization Partners - Community Ethics Review Board

APPLICATION FOR MEMBERSHIP

Name: _____

Address: _____

Phone: _____ Cell Phone: _____ Email: _____

Organization affiliation: _____

Area(s) of Interest:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Health Disparities | <input type="checkbox"/> Community Services | <input type="checkbox"/> Ethics | <input type="checkbox"/> Community Engagement |
| <input type="checkbox"/> Traditional Research | <input type="checkbox"/> Public Health | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Policy |
| <input type="checkbox"/> Legal Representation | <input type="checkbox"/> Diversity Concerns | <input type="checkbox"/> Board Experience | <input type="checkbox"/> CBPR
(Community Based Participatory Research) |

Statement of Other Board Affiliations:

Statement of Experience/Knowledge in Community Engagement, and Research:

Statement of Experience/Knowledge of Social Justice, Equity, and Ethics:

Who referred you for CERB membership? _____

Please attach your resume.

Signature: _____ Date: _____

Guiding Principle: "Doing NO harm, leveraging mutual benefit and ensuring equity."

Updated as of: August 21, 2017