



APPLICATION FOR HUMAN RIGHTS
COMMITTEE (COMMITTEE) MEMBERSHIP -
DIVISION OF HEALTHCARE ADVOCACY AND
ADVANCEMENT

Full Name: _____
(please print or type)

Mr. Mrs. Dr. Ms.
(please circle one)

Spouse Name: _____

Mr. Mrs. Dr. Ms.
(please circle one)

Spouse Employer: _____

Home: _____ / _____
Address City, State, Zip

() -

Office: _____ / _____

() -

Email Address: _____

FAX () -

Correspondence preference: Office Home

Date of Birth: ___/___/___ Place of Birth: _____

Referred by _____

COMMITTEE OF INTEREST
(List according to preference)

Ethnicity
(please check one)
African-American ___ Latino ___
Asian/Pacific Islander ___ Native American ___
Caucasian ___ Other ___
Gender: Male [] Female []

- 1. _____
2. _____
3. _____

A list of current vacancies can be found at the Governor's
website. http://www.governor.state.az.us

CURRENT EMPLOYMENT: (Title & Company/Agency) _____

EDUCATION: (Including degrees completed) _____

REFERENCES:

- 1. _____
(Name) (Business/Company/Agency) (Phone Number)
2. _____
3. _____

AFFIRMATION OF ELIGIBILITY:

In accordance with A.R.S. 38-201, every state officer shall not be less than eighteen years of age, and shall be a citizen of the
United States and a resident of this state. Do you meet these requirements?

Yes ___ No ___ If no, please attach an explanation.

Have you ever been convicted of a crime (misdemeanor or felony) in Arizona or other jurisdiction?

Yes ___ No ___ If Yes, please attach an explanation.

With respect to any professional licenses or other certifications you hold or formerly held - have you ever been the subject
of any disciplinary action?

Yes ___ No ___ If Yes, please attached an explanation.

A conflict of interest is generally defined as a situation where a member has a personal, professional or financial
relationship or other interest in a matter or matters before the Committee. This can occur, for example, when you have previously
advocated for or otherwise represented an individual or been involved with an issue that comes before the Committee. Please state
whether or not you have any possible conflicts of interest or have been involved in any other matters that would create a conflict or
otherwise prevent you from fairly and impartially discharging your duties as a member of the Committee

Yes ___ No ___ If so, please attach an explanation.

I certify that the facts contained in this application are true and correct to the best of my knowledge. I have reviewed the
relevant regulation (A.A.C R9-21-105) and statutes (A.R.S. §§ 41-3803 and -3804) regarding this human rights committee and
confirm that I will follow those requirements and guidelines. I authorize investigation of all statements contained herein and the
references listed above to give you any and all information concerning my qualifications and any pertinent information they may
have, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing the same to you.

SIGNATURE: _____

DATE: _____

**PLEASE ATTACH YOUR
RÉSUMÉ**