



## Partnership Member Commitment Form

Thank you for your interest in becoming an Imperial County Community Health Improvement Partnership (ICCHIP) member.

### What is ICCHIP Membership?

The ICCHIP is a collaborative forum for individuals, organizations, and agencies committed to advancing community health initiatives. Membership in ICCHIP differs from Priority Area Workgroup participation in that it provides a broad, strategic role in shaping and supporting CHA/CHIP efforts across multiple health priorities rather than focusing on one specific issue area.

### The ICCHIP General Member expectations are to:

- **Support the development, implementation, and evaluation of the CHIP at a high-level** by contributing expertise, resources, and feedback.
- **Actively engage in ICCHIP-wide initiatives** and discussions on strategies to improve community health.
- **Participate in partnership meetings** to stay informed on progress, emerging needs, and key policy updates.
- **Represent your sector or community perspective**, helping to shape policies and interventions that reflect Imperial County's diverse needs.
- **Foster collaboration between community stakeholders** by providing insight, sharing best practices, and identifying partnership opportunities.
- **Participate in data collection efforts related to the partnership's goals:** This may involve engaging in data collection activities, including but not limited to sharing available data from their respective agencies, surveys, assessments, and other data-driven initiatives.

### ICCHIP General Membership is ideal for:

- Community members, residents, and individuals passionate about community health.
- Professionals and organizations that want to engage in broader community health initiatives and strategy discussions.
- Agencies that can provide technical expertise, policy guidance, or organizational support for CHA/CHIP implementation.

If you are interested in hands-on implementation and strategy execution within a specific health priority, you may consider joining a Priority Area Workgroup as well.



# Partnership Member Commitment Form

## General Membership Commitment Form:

### 1. General Information

Name:

Date:

Agency/Organization (if applicable):

Title (if applicable):

Phone:

Mailing Address:

E-mail Address:

### 2. Membership Type

I am joining the Imperial County Community Health Improvement Partnership as a:

- ☐ Individual/Community Member (Resident, advocate, participant)
- ☐ Agency/Organization (Professional, business, non-profit, government entity)
- ☐ Both (Representing an Agency/Organization and individual/Community Member)

### 3. Sector Representation (For Agencies/Organizations Only)

Please indicate the type of agency/organization you represent:

- ☐ Healthcare      ☐ Law Enforcement      ☐ Fire      ☐ Community-based
- ☐ Health Plan      ☐ Early Care/Childcare      ☐ K-12 Education      ☐ Higher Education
- ☐ Social Services      ☐ Mental/Behavioral Health      ☐ Housing      ☐ Private Business
- ☐ Faith-based      ☐ Tribe      ☐ Transportation      ☐ Foundation
- ☐ Other, please specify: \_\_\_\_\_

### 4. ICCHIP's Shared Vision

**Our vision:** A community that supports and empowers all people to thrive and be healthy.

**How do you see yourself or your organization contributing to this vision?** (Examples: Providing community education, assisting with advocacy, offering meeting space, supporting health initiatives, etc.)

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**4. Organizational Resources:** *Successful CHIP implementation thrives with the support of community resources. We would appreciate it if you could share any resources you or your organization might be able to contribute to help address this CHIP priority issue. Your support, in any capacity, would be greatly valued and help us make a meaningful impact.*

☐ Financial Support for Community Engagement

(e.g., stipends, gift cards)

☐ Meeting Facilities

☐ Interpretation and Translation Services

☐ Data Collection & Management

☐ Policy Development and Advocacy Expertise

☐ Technology Support for Digital Platforms (e.g., website management, virtual meeting facilitation)

☐ Implementation Support Personnel

☐ Other, (please specify):

☐ Media Relations and Outreach

☐ Liaison Services with Tribal and Special populations

☐ Transcription Services (e.g., meeting notes, recording transcriptions)

☐ Social Media Management

☐ Staff Allocation for Community Engagement

☐ Catering/Meals for ICCHIP and Community meetings and events.

**Application Submission:** Commitment forms will be accepted via email, mail, or in-person delivery.

- **Email:**

Send applications to [ICPHD-CHA-CHIPPlanning@co.imperial.ca.us](mailto:ICPHD-CHA-CHIPPlanning@co.imperial.ca.us)

*Subject line:* ICCHIP General Membership Application

- **Mailing Address:**

Imperial County Public Health Department  
Attention: Aracely Carrillo-Torres  
935 Broadway Avenue, El Centro, CA 92243

- **Hand Deliveries:**

Monday - Friday, 8 am – 12 pm & 1 pm – 5 pm, (except holidays)  
Imperial County Public Health Department  
Attention: Aracely Carrillo-Torres  
935 Broadway Avenue, El Centro, CA 92243

### Acknowledgment and Signature

By signing below, I confirm that I have read and understand the role and responsibilities of an ICCHIP General Member and commit to contributing toward the health and well-being of our community.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Partnership Member Commitment Form

### Key Differences Between ICCHIP General Membership and Workgroup Membership

#### ICCHIP General Membership

Engages in **big-picture** strategy, planning, and advocacy for CHA/CHIP.  
Provides **sector-wide expertise and high-level guidance**.  
Collaborate with diverse partners **across multiple priority areas**.  
Meets at **broad partnership meetings**.  
Attends **quarterly meetings**.

#### ICCHIP Priority Area Workgroup Membership

Focus on the **implementation of specific health priorities**.  
Works **hands-on** to implement targeted community health strategies.  
Dedicated to **one priority area** (e.g., Healthcare Access, Healthy Living, Behavioral Health).  
Meets **regularly** within a workgroup to execute action plans.  
Attends workgroup meetings scheduled by the lead.

This distinction ensures that applicants can **choose the right membership type** based on their level of engagement, expertise, and desired contribution.