ICCHIP Steering Committee Interest Form

Thank you for your interest in becoming an Imperial County Community Health Improvement Partnership (ICCHIP) Steering Committee member. ICCHIP serves as a forum to collectively move Community Health Assessment (CHA) and Community Health Improvement (CHIP) efforts forward and find sustainable solutions for the community's health needs by discussing issues and impact targets (Link to the CHIP here). It also builds partnerships within the community to promote policy, systems, and/or environmental changes related to health.

ICCHIP Steering Committee Role and Responsibilities: The Steering Committee comprises representatives from various sectors across Imperial County who contribute their expertise, identify resources, and oversee the CHA/CHIP process. The specific role and responsibilities of Steering Committee members include but are not limited to: Steering Committee members are expected to attend monthly meetings and actively engage in decision-making, workgroup activities, and contribute to voting process. Committee members are encouraged to participate in data collection efforts related to the partnership's goals, which 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 They are responsible for leveraging resources to support the Community Health Improvement Plan (CHIP) efforts and for approving and monitoring the progress of the Community Health Assessment (CHA) and CHIP efforts, including the established action plans. For full details of the ICCHIP and Steering Committee roles and responsibilities go to: Imperial County Community Health Improvement Partnership & Steering Committee Policies and Procedures.

1. General Information

Name: _____ Date: _____

Agency/Organization (if applicable): _____

Title (if applicable): _____ Phone: _____

Mailing Address: _____

E-mail Address: _____

2. You are joining the Imperial County Community Health Improvement Partnership as an:

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

3. If participating as an agency/organization, 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 is: 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.)

_____
_____
_____
_____

Interest Form Submission: Interest forms will be accepted via email, mail, or in-person delivery.

- **Email:**
  Send applications to 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

Selection Process and Notification: Interest form will be reviewed by the Steering Committee Chair. Applicants will be notified via email as soon a decision has been made (a decision could take up to 30 days).

Acknowledgment and Signature

I confirm that I have read and understand the role and responsibilities of the Imperial County Community Health Improvement Partnership & Steering Committee Policies and Procedures and commit to improving the health and wellbeing of our community.

_____   _____   _____
Print Name   Signature   Date

FOR OFFICE USE ONLY

Received By: _____ Date Received: _____ Initials _____
                              Print Name

Approval By: _____ Date Approved: _____ Initials _____
                              Print Name

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Key Differences Between ICCHIP General Membership, Workgroup Membership, and Steering Committee Membership

Membership Type	Role & Responsibilities	Time Commitment	Level of Involvement
ICCHIP General Membership	Engage in **broad public health discussions** and provide input on community health priorities. Stay informed and help share information with the community.	Attend occasional ICCHIP meetings, provide feedback, and contribute expertise as available.	**Low** – Ideal for those wanting to stay engaged but without intensive commitments.
Priority Area Workgroup Membership	Focus on **hands-on strategy implementation** for a specific CHIP priority area (e.g., Access to Healthcare, Healthy Living, Behavioral Health). Assist with project execution and goal tracking.	Regular participation in **workgroup meetings and action plans**. May involve project implementation, event coordination, and community outreach.	**Moderate to High** – Requires ongoing participation in workgroup activities.
Steering Committee Membership	Provide **executive-level leadership** in decision-making, CHIP governance, and strategic oversight. Guide policy development and cross-sector collaboration.	Attend **regular meetings, oversee workgroups, and ensure accountability for CHIP progress**. Significant leadership role.	**High** – Requires commitment to decision-making, governance, and strategic leadership.

Which Membership is Right for You?

✓ **If you want to stay informed and provide occasional input:** Join as an **ICCHIP General Member**.

✓ **If you want to work on specific health priorities and actively implement projects:** Join a **Priority Area Workgroup**.

✓ **If you want to shape policy, lead discussions, and oversee CHIP progress:** Apply for **Steering Committee Membership**.