



Ethics and Human Rights Committee Application Request

First Name	Last Name	Phone Number

Home Address	Email Address

Your Affiliation with Hope	
Current Hope employee	Care Coordinator
Former Hope employee	Community Member
Support recipient	Other (please specify):
Family member of support recipient	

Please review the following membership qualifications and expectations.	
Current Hope employees must:	All other candidates must:
<ul style="list-style-type: none"> - Be employed with Hope for two or more years - Complete Hope's Ethics and Disabilities training - Have a non-disclosure of confidential information on file - Receive recommendation from the committee - Receive approval from your supervisor - Receive final approval and appointment by Hope's Executive Director - Commit to attending the committee's monthly one-hour virtual meeting 	<ul style="list-style-type: none"> - Have experience or expertise in ethics and human rights - Have experience or expertise with - Sign a non-disclosure of confidential information - Interview with the Chair of the committee - Receive recommendation from the committee - Receive final approval and appointment by Hope's Executive Director - Commit to attending the committee's monthly one-hour virtual meeting

Why are you interested in becoming a member of this committee?

Briefly describe any skills, experience(s) or specialized knowledge that supports your application for appointment to this committee.

Signature (print name or add digital signature)

Date

@h\ ku° Vu u

k