



**HISPANIC/LATINO COMMUNITY ADVISORY BOARD (CAB)**  
**APPLICATION TO SERVE AS ADVISORY BOARD MEMBER**

**Mission of the CAB:** To serve as a bridge between the PSCI and the Hispanic/Latino community in the Penn State Cancer Institute (PSCI) catchment area (28 counties in central Pennsylvania). Specifically, the CAB (1) advises the PSCI on cancer or cancer risk factors affecting Hispanic/Latinos; (2) advises on ways to improve the care and health outcomes among Hispanic/Latinos; (3) advises on how to promote culturally appropriate clinical care, (4) help conduct outreach and health education in the community; (5) reviews PSCI's research protocols addressing the Hispanic/Latino community; and (6) promotes the participation of Hispanic/Latinos in research studies in the PSCI catchment area.

**Responsibilities of the CAB members:**

1. Regularly attend quarterly meetings (e.g., at least three per year), in-person or by video conference
2. Be an active advocate and voice in your community for cancer-related issues
3. Advise the PSCI in the six areas highlighted in the mission statement
4. Implement cancer-related research, outreach and education initiatives in your community

**Compensation for members:** Limited funds are available to reimburse members for their time serving the CAB, and for travel to/from the quarterly meetings.

Please complete this information below if you are interested in serving as a member for the CAB. You can submit the completed form to the Office for Cancer Health Equity by e-mail: [OCHE@psu.edu](mailto:OCHE@psu.edu). If you have any questions, please contact Sol Rodríguez-Colón by phone 717-531-5190 or email: [srodriguez@psu.edu](mailto:srodriguez@psu.edu).

Name: \_\_\_\_\_ Date of application: \_\_\_\_\_

Mailing Address (Street, City, Zip code): \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Current organization: \_\_\_\_\_

Occupation, experience, community affiliation: \_\_\_\_\_

Why are you interested in serving as a CAB member? \_\_\_\_\_

Are you willing and able to attend CAB meetings in person or video conference at least quarterly (3rd Wednesdays of the month)?  Yes  No

Would you like to be compensated for your time?

Accept  Decline (please specify reason for declining) \_\_\_\_\_

If applicable, please share any other information you feel important for consideration of your application: \_\_\_\_\_

*By signing below, you are agreeing that the information you have provided is true and correct.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for completing this application!

The CAB co-chairs will review it and get back to you within 2 weeks.