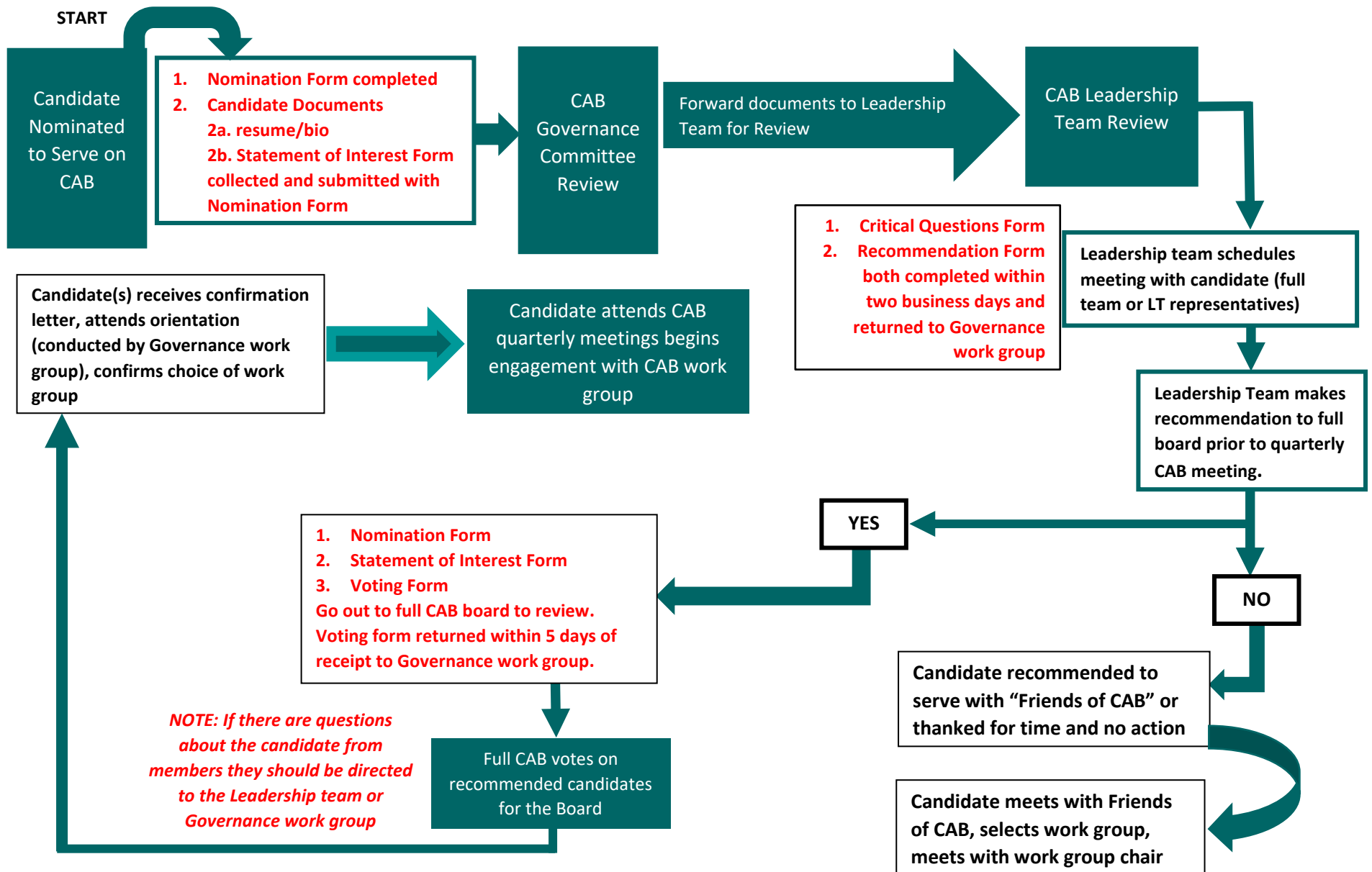


# COMMUNITY ADVISORY BOARD NOMINATION AND SELECTION PROCESS



## COMMUNITY ADVISORY BOARD NOMINATION AND SELECTION PROCESS

- Step 1 To nominate a candidate to serve on the Cancer Center Community Advisory Board. A **Nomination Form** must be completed and emailed to the Governance Work Group, [skbrown@mcw.edu](mailto:skbrown@mcw.edu)
- Step 2 A Governance Committee representative will email candidate to obtain a resume/cv and a **Statement of Interest**
- Step 3 The Governance Work Group will review documents
- Step 4 The Governance Work Group will forward candidate's documents to the Leadership Team for review
- Step 5 The Leadership team reviews and schedules meeting with the candidate
- Step 6 The Leadership team will complete a "Recommendation Form" within 2 business days of meeting with the candidate and submit form to the Governance Work Group
- Step 7 The Governance Work Group will email Candidates for the full board credentials, (Nomination Form and Statement of Interest), and Voting Form to the full board for review. Voting forms must be returned to within 5 days of receipt. If any member of the board has questions about the candidate, they should be directed to the work group Co-chairs who have met with the candidate during the process.
- Step 8 Confirmation of nominees requires a quorum vote of to be confirmed as a Board member. Quorum of the board to vote on an action is 15 members. Confirmed candidate(s) receives a letter of confirmation, signs Service Agreement, confirms which Work Group to sit on and is required to attend an orientation.



## COMMUNITY ADVISORY BOARD MEMBERSHIP NOMINATION FORM

### To be Completed by the Person Nominating the New Member

#### Our Mission

*To advise the MCW Cancer Center and help address cancer disparities in eastern Wisconsin through authentic community engagement and research in cancer prevention, screening, diagnosis, treatment and survivorship.*

Nominee Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

What would this person add to the diversity and overall composition of the CAB/Work Group(s), or to the leadership of the CAB, in the following areas?

Demographics (Location of population you serve, advocacy and outreach)

City: _____	County: _____
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Academic: ____ Faculty ____ Staff	Community: _____
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Why are you recommending this person? \_\_\_\_\_

Which committee are you recommending the nominee for? (Check only one)

- Diverse Workforce and Pipeline
- Governance
- NCI Designation
- Prevention & Healthy Communities

Nominated by: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please return this form to MCW Cancer Center CAB Governance Committee at [skbrown@mcw.edu](mailto:skbrown@mcw.edu)



**COMMUNITY ADVISORY BOARD**  
**Statement of Interest**  
**To be Completed by the Nominee**

*Our Mission*

*To advise the MCW Cancer Center and help address cancer disparities in eastern Wisconsin through authentic community engagement and research in cancer prevention, screening, diagnosis, treatment and survivorship.*

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

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

Summarize why you are interested in serving as a member of the MCWCC Community Advisory Board:

\_\_\_\_\_  
\_\_\_\_\_

Please list any groups or community affiliations that reflects your community contacts:

\_\_\_\_\_  
\_\_\_\_\_

Describe your qualifications and potential contributions to the MCWCC Community Advisory Board:

\_\_\_\_\_  
\_\_\_\_\_

Are there other community commitments that might interfere or conflict with your service on the CAB?

\_\_\_\_\_  
\_\_\_\_\_

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