







**Acknowledgement of CHPC**  
**Meeting Attendance Expectations and Member Supports**

**Meeting Attendance**

The CHPC seeks members who can attend 8 or 9 full-day meetings per year for a two-year term, plus time preparing for meetings (e.g., reading materials). CHPC members are required to attend the entire meeting – including the main CHPC meeting and a committee meeting on the same day – to receive credit for attendance. CHPC members who miss three (3) meetings during any calendar year will be administratively discharged. In-person CHPC meetings typically take place in Hartford on the third Wednesday of the month. When the CHPC is unable to hold in-person meetings due to COVID-19 or any other reason, virtual meetings are held via Zoom. The main CHPC meeting typically runs 10:00am-12:00pm and 1:00pm-3:00pm.

- I am willing and able to commit to attend at least six CHPC meetings per year.  YES  NO
- My employer will support my attendance at monthly CHPC meetings.  YES  NO  NOT EMPLOYED

**Member Support**

CHPC members who travel to attend CHPC meetings may be reimbursed for those costs, if their employer does not reimburse them for CHPC travel mileage. Eligible members (those who travel to attend CHPC meetings and whose employers do not reimburse them or who have no other way to get to meetings) will work with CHPC staff to create a public transportation plan and will be reimbursed for the cost of buses, trains, and/or taxis. Eligible members who cannot get to CHPC meetings via public transportation may receive a ride from the CHPC. Unemployed members and members who lose pay from their employers while attending CHPC meetings are eligible for \$10 stipend per meeting (in-person or virtual). The CHPC will also provide reasonable support to assist members with barriers to participation in virtual meetings.

- I am willing and able to provide my own transportation to CHPC meetings.  YES  NO
- If accepted as a CHPC member, I will need support in addition to transportation.  YES  NO

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

- I acknowledge that I have read the information contained in this application and that my responses represent the truth to the best of my knowledge.  YES  NO

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

*Your interest in the CHPC is greatly appreciated!*

**Please give your completed application form to a CHPC staff person or mail it to: SELMA GOODING at**

**CHPC C/O CROSS SECTOR CONSULTING, LLP**

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