



CANCER INSTITUTE  
Wayne State University

## Office of Cancer Health Equity and Community Engagement (OCHECE) Michigan Cancer HealthLink

### Cancer Action Council Membership Application Form

All interested in applying for membership for a Cancer Action Council should complete this form and return it to Voncile Brown Miller, Outreach Manager, [millerv@karmanos.org](mailto:millerv@karmanos.org) or to **4100 John R Mail Code: MM03BF Detroit MI 48201**.

An online application is also available and can be found at [www.karmanoscancerhealthequity.org](http://www.karmanoscancerhealthequity.org)

Applicants are encouraged to attach a resume or CV if they wish.

Which level of Cancer Action Council membership are you applying for?

**(Core members** are expected to be fully involved in all meetings and activities. **Associate members** are willing and interested in playing a role in setting cancer care and research priorities in their community but may not be able to attend all activities and meetings.)

Core member       Associate Member

***(For those interested in Core membership only)***

Core Cancer Action Council Membership will require 3-4 hours per month of your time. Are you able to spend 3-4 hours a month on average attending meetings, participating in trainings, and reading/reviewing materials?

Yes     No

Can you attend at least one meeting per month?     Yes     No

Which Cancer Action Council site would you prefer to join?

- Detroit: Conner Creek Community Center CAC
- Inkster, MI: Western Wayne CAC
- Dearborn: ACCESS CAC
- Detroit: LGBT Detroit CAC
- Flint/Burton: Genesee County CAC
- Mount Clemens: Macomb County CAC
- Southfield: Oakland County CAC

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

Age: \_\_\_\_\_

Organization/Affiliation you are representing (if applicable): \_\_\_\_\_

Role in Organization: \_\_\_\_\_

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**Mailing Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Telephone (Mobile) \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

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

What is the best way to contact you?  Phone  Email  Other:

\_\_\_\_\_

If we contact you by mobile phone, is it ok to send a text message?  Yes  No

What is your current gender identity? (Please mark all that apply)

Male

Female

Trans male/Trans man

Trans female/Trans woman

Genderqueer/Gender non-conforming

Different identity (Please state): \_\_\_\_\_

Do you think of yourself as? (Please mark all that apply)

Straight

Gay or Lesbian

Bisexual

Queer

Different identity (Please state): \_\_\_\_\_

Are you Hispanic or Latino?  Yes  No

Which of the following best describe you:

Asian / Pacific Islander

Arab / Chaldean

Black / African American

Native American

White

Other: \_\_\_\_\_

Are you currently being treated for cancer OR are you a cancer survivor?  Yes  No

If yes, what type of cancer?

\_\_\_\_\_

When were you diagnosed?

\_\_\_\_\_

Are you currently (or have you ever been) a caregiver for someone with cancer?  Yes  No



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**Briefly share your experiences in relation to cancer. What is your interest in the issue of cancer?**

What is your current work status?

- Employed full-time or part-time
- Unemployed
- Retired
- On disability

How far did you go in school?

- GED / High School Diploma
- Vocational or Technical School
- Some College
- College Degree
- Graduate Degree
- Other (Please Specify): \_\_\_\_\_



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Please tell us a little about your community involvement. Please list participation in organizations, community groups, volunteer work, council memberships, etc.). **Please describe the groups you are most active with first.**

**Group 1 Name:** \_\_\_\_\_

**Describe your involvement and role:**

**Group 2 Name:** \_\_\_\_\_

**Describe your involvement and role:**



**Group 3 Name:** \_\_\_\_\_

**Describe your involvement and role:**

Please list any other groups you are involved in now, or have been involved with in the past. Please describe your role in the group:

**Completion of this form does not make someone a council member. Council members will be selected by the Project team based on the requirements of the council with the goal of achieving broad representation from the community.**

**Please note: applicants may be asked to participate in a short phone or in-person interview.**

If we are not able to include you in a Cancer Action Council at this time, may we contact you to participate in other Michigan Cancer HealthLink activities in the future (for example, community events, cancer awareness and education programs, or volunteer opportunities)?  Yes  No

**THANK YOU FOR YOUR PARTICIPATION!**

**If you have any additional questions please contact Voncile Brown Miller, Outreach Manager:  
(Mobile) 313-590-7394 (Office) 313-576-8296 (Email) [millerv@karmanos.org](mailto:millerv@karmanos.org)**