

UC Davis Health Staff Assembly *Volunteer Form*

Return form to: hs-staff.assembly@ucdavis.edu

Name: _____ Date Submitted: _____

Phone: _____ E-mail Address: _____

Job Title: _____ Represented _____ Not Represented _____

Department & Address: _____

Supervisor: _____

Prior Committee experience (UCD/UCDH/UCD or other):

How do you feel you could most effectively contribute to UCDH Staff Assembly:

Are there staff issues that presently concern you? If so, how would you like to help resolve them:

Special Campus Interests:
