



## BioTrust Community Values Advisory Board

### APPLICATION for Member at Large Seat

Thank you for considering service on the BioTrust Community Values Advisory Board (CVAB). The CVAB is a standing committee that advises the Department of Community Health on the Michigan BioTrust for Health, the Department's biobanking program. The BioTrust oversees the storage and research use of left-over newborn screening blood spots of Michigan newborns. The CVAB gives the public a voice when BioTrust policies are made. The CVAB also advises the Department on methods to assure ongoing community awareness and engagement. For details and a list of current CVAB members please visit: [www.michigan.gov/biotrust](http://www.michigan.gov/biotrust).

The Member at Large seat is for any Michigander. The seat may be filled by anyone with a strong interest in the BioTrust. Currently the CVAB meets three times per year and the term of service for Members at Large is 2 years.

Serving on the CVAB can be an enriching experience. In order to help us understand your potential contribution to the CVAB and ensure we maintain diversity among our members, we ask that you fill out the application form below. Applications for the 2015-2016 term are due July 31, 2014. A committee of current CVAB members will review applications in the context of current CVAB needs and make recommendations to the Department. References will then be contacted and applicants notified about selection. Only information reported on this application or obtained from your personal references will be considered in the selection process. If you have questions, please contact Carrie Langbo, BioTrust Coordinator, at [langboc@michigan.gov](mailto:langboc@michigan.gov) or 517-335-6497.

---

### Background Information

First and Last Name:

Street Address:

City:                      State:                      Zip Code:

Phone:                      Email:

I am 18 years of age or older. (Required for participation as a Member at Large.)

I was born after 1984. (Not required for participation as a Member at Large.)

My own blood spots or my family member's blood spots may be in the BioTrust. (Not required for participation as a Member at Large.)



**BioTrust Community Values Advisory Board**

APPLICATION for Member at Large Seat

**Please check “Yes” or “No” regarding your ability to fulfill the following commitments**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Attendance:</b> I have the ability to attend 3 CVAB meetings per year in Lansing either in-person or via telephone. (Note: meetings are typically held in the morning from 9:30 – Noon.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Preparation:</b> I am committed to learning more about the BioTrust and biobanking. I am able to read all relevant material prior to meetings.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Participation:</b> I am willing to respectfully participate in all discussions. I am open to discussing topics with others who may have strong opinions that differ from my own. I will work to further the CVAB’s mission.

**Tell us about yourself**

1. Why do you want to serve as a Member at Large on the CVAB? Please provide the following details below or on a separate sheet (Please limit response to one page.):
  - a. Please list the qualities you feel are needed for members of the CVAB.
  - b. What particular talents or skills will you bring to the CVAB?
  - c. What are your objectives if accepted for membership on the CVAB?
  - d. Please provide any personal motivators that are driving you to seek CVAB membership, e.g. is your or your child’s blood spot in the BioTrust?

2. Please list any other organizations you’ve served:

Let us know what you’ve already learned by checking “Yes” or “No” to the following statements.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have visited the Michigan BioTrust for Health website.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have read articles on the BioTrust or biobanking.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have attended a seminar, lecture, or exhibit; or participated in research or a webinar on biobanking or the BioTrust.

Thank you! Please submit this form and **contact information (name, address, phone, e-mail) for two references** to Carrie Langbo via email: [langboc@michigan.gov](mailto:langboc@michigan.gov), fax: 517-335-9790 or postal mail: 201 Townsend, CVB-4, Lansing, MI 48913.