

**ENVIRONMENTAL HEALTH OFFICER PROFESSIONAL  
ADVISORY COMMITTEE (EHOPAC)  
SELF-NOMINATION FORM**

The EHOPAC routinely has openings for membership allocated to both agencies/programs and at-large representation. Membership to the EHOPAC will be in accordance with the EHOPAC Charter membership guidelines, which include; representation from the field and headquarters locations, gender, Civil Service and Commissioned Corps.

If you are interested in serving on the EHOPAC, please complete this self-nomination form and submit it to the Membership Chair, with a current resume or curriculum vitae (CV) and a separate statement of interest and qualifications, at the address at the bottom of the page. The PAC will hold your self-nomination for a period of three years from the date your nomination is endorsed by your supervisor. You will be considered for all vacancies for which you are eligible. If you transfer to a new agency/program or you have a change in supervisor, you must submit a new application. Submitting this form does not guarantee a seat on the EHOPAC. **Your supervisor's endorsement and program manager's approval indicate support of your nomination to participate and attend EHOPAC meetings, activities of the EHOPAC. You may fax or mail the form, but PLEASE SUBMIT CV ELECTRONICALLY.**

*PLEASE PRINT OR TYPE:*

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

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

Email Address: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Rank (Commissioned Corps): \_\_\_\_\_ Grade (Civil Service): \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Supervisor's Endorsement (signature):** \_\_\_\_\_

**Date of Endorsement:** \_\_\_\_\_

**Program Manager's Endorsement (signature):** \_\_\_\_\_

**Date of Endorsement:** \_\_\_\_\_

*The following information is used in filling vacancies under the EHOPAC Charter:*

Agency/Program: \_\_\_\_\_

If not selected for EHOPAC membership, I am interested in serving on the following standing subcommittees:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Career Development        | <input type="checkbox"/> Charter and By Laws    | <input type="checkbox"/> Emergency Services |
| <input type="checkbox"/> History                   | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Membership         |
| <input type="checkbox"/> Orientation and Mentoring | <input type="checkbox"/> Professional Image     | <input type="checkbox"/> Recruitment        |

PLEASE RETURN COMPLETED FORM & ELECTRONIC CV TO:  
LCDR Sarah Unthank, Membership Subcommittee Chair  
US Coast Guard  
1301 Clay Street, Suite 100N Oakland, CA 94612-1250  
(510) 637-1243 Fax (510) 637-1264  
Email: Sarah.e.unthank@uscg.mil