



Individual Member/Participant Profile

*Name:

*Title/Position:

*Unit-Dept:

*Address:

*Telephone:

*Fax:

*E-Mail:

Relationship to Coalition: Representative Alternate Representative Diabetes Staff Other

*Ethnicity/Race: African-American Hispanic/Latino Asian Non-Hispanic White Other

Age: 20 and under 21-44 45-64 65 and above

Gender: Female Male

Diabetes Status (confidential and optional): Have diabetes Family member with diabetes At risk

Language Skills:	Speak fluently	Read	Do presentations	Write
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Formal Training/Degrees/Skills/Licenses (Example: MD, RD, CDE, LPN):

Areas of Expertise: Clinical Diabetes Patient Education Education/Training Advocacy/Policy
 Administration Research Other:

Areas of Interest/Participation: Patient Education Community Education Quality Improvement
 Cultural Competence Advocacy/Policy Public Communication/Social Marketing Training
 Evaluation Resource Development Physical Activity Nutrition/Diet Other:

Years working or living in South Chicago area:

Current Diabetes Coalition Involvement: General Meeting Professional Network/Quality of Care
 Training/Outreach Evaluation Diabetes Education/Community Resources Media/Communication

Did you participate in the Coalition's Phase I Planning Process (10/1999-9/2001)? Yes No

Other Partnerships/Memberships/Boards: Healthy South Chicago Healthy Start LAN Others:

THANK YOU FOR YOUR COOPERATION