



**Anchorage School
Based Health Centers**

JOB DESCRIPTION
SCHOOL HEALTH CENTER ADVISORY COUNCIL MEMBERS

Roles and Responsibilities:

1. Understand and advocate for the mission of Anchorage School Based Health Centers and keep it relevant to the needs of the community
2. Provide strategic and policy level guidance to the organization
3. Ensure financial solvency and help raise resources
4. Further the goals of Anchorage SBHCs
 - Increase students' health care access
 - Increase sports participation
 - Improve attendance
 - Reduce students' inappropriate use of the emergency room

As a member of this committee, I commit to:

- Attend at least 50% of the SBHC meetings per year (If unable to attend, please notify the SBHC Director: phone numbers are 742-0479 or 952-6464, email hireland@aksbhc.org)
- Understand my roles and responsibilities and become sufficiently knowledgeable about Anchorage School Based Health Centers and its operations to make informed decisions:
 - Coming prepared to SHCAC meetings, including reviewing meeting materials and collecting information needed to make informed decisions
 - Asking for clarification on any matters I do not understand before making a decision
 - Listening carefully to board members and staff with an open mind and objective perspective
 - Actively working towards decisions and solutions in the organization's best interests (speaking with one voice)
 - Respecting the confidentiality of the SHCAC's business
- Participate in fundraising through donation or fundraising opportunity approved by the full Advisory Council.
- Make an annual donation to SBHC, of any amount, either directly or through Pick.Click.Give.

Optional Responsibilities: I also agree to do 1 of the following:

- Share the message of this organization publicly at my civic meeting (Rotary, Elk, Moose, church etc.)
- Serve on an SBHC committee.

I agree to be informed about and to observe the following:

- Avoidance of conflict of interest
- Equal opportunity and avoidance of discrimination

Signed: _____

Date: _____

Printed name: _____