

**U. S. DEPARTMENT OF ENERGY**  
**ENVIRONMENTAL MANAGEMENT SITE-SPECIFIC ADVISORY BOARD**  
**MEMBERSHIP APPLICATION**  
**(Version: November 2021)**

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The Department of Energy (DOE) Environmental Management (EM) Site-Specific Advisory Board (SSAB or Board) provides meaningful opportunity for collaborative dialogue among the diverse communities at clean-up sites. The Board is federally-chartered to provide advice and recommendations concerning the following EM site-specific issues: clean-up activities and environmental restoration; waste and nuclear materials management and disposition; excess facilities; future land use and long-term stewardship; risk assessment; and communications.

The Board's membership is carefully considered to reflect a full diversity of viewpoints in the affected community and region.

Currently, the EM SSAB comprises eight local boards, which are located near DOE sites across the country: Hanford, Idaho, Nevada, Northern New Mexico, Oak Ridge, Paducah, Portsmouth, and Savannah River. If appointed, you will be serving on the

Members appointed by DOE to serve on the EM SSAB are subject to conflict-of-interest principles in order to maintain the integrity of the EM SSAB's work.

### **Membership Terms**

1. EM SSAB members are appointed for a two-year term. Appointments may be renewed twice for a maximum period of service of six years.
2. EM SSAB members are not compensated for their service.
3. DOE provides reimbursement for authorized travel and subsistence (federal per diem) expenses for eligible members.
4. You must be a U.S. Citizen or a legal resident to serve on the EM SSAB.
5. U.S. federal government employees are ineligible to serve on the EM SSAB.

**HOW TO APPLY:** If you would like to be considered for membership on the EM SSAB, please complete this application and submit it and your resume, if available, to the contact listed below. For more information on the EM SSAB, visit <http://energy.gov/em/services/communication-engagement/em-site-specific-advisory-board-em-ssab> or the website for your local board,

**Please send your application to:**

**NOTE: The EM SSAB membership application process can take several months; please contact your local EM SSAB office for more details.**

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Application No. (Agency Use Only) \_\_\_\_\_

Last Name	First Name	Middle Initial
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Home Address
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City	County	State	Zip
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Mailing Address (if different from Home Address)
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City	County	State	Zip
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Primary Phone: \_\_\_\_\_  
 home  work  cell

Alternate Phone: \_\_\_\_\_  
 home  work  cell

E-mail: \_\_\_\_\_

Occupation	Employer	Dates of Employment
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No longer employed     Retired  
 (If currently not employed or retired, provide last occupation, employer, and dates of employment above)

Are you an employee of a DOE Contractor or Subcontractor?                      Yes              No  
     If yes, select which:              Contractor              Subcontractor

Are you a Consultant to DOE or one of its Contractors or Subcontractors?                      Yes              No  
     If yes, select which:              Contractor              Subcontractor

Do you work for a Waste Management/Environmental Restoration Firm for DOE?    Yes              No

Are you a registered Federal lobbyist?    Yes              No

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**Why do you want to serve on the EM SSAB?**

The EM SSAB is chartered under the Federal Advisory Committee Act and, as such, must represent a diversity of views. Toward better understanding the reasons that have led you to apply for membership on this board, please indicate below your primary interest(s) or the perspective that you believe you most represent.

***Please select two categories and provide a brief explanation for each.***

Primary Interest 1

Brief Explanation:

Primary Interest 2

Brief Explanation:

Please list all groups or organizations that you currently belong to and the dates of membership. Specify if you hold an office, chair a committee, etc. The EM SSAB is looking for members from organizations including, but not limited to, the following: County/City/Tribal governments, public or private educational institutions, minority groups, labor organizations, civic groups, environmental groups, public health and health care organizations, business groups, neighborhood groups.

Note: Membership in an organization is NOT a requirement for membership in the EM SSAB.

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Please list any degrees or certifications you have obtained. Please note that a degree, certification, or technical background is NOT required for board membership. Members with different educational backgrounds all contribute to a diversity of opinions and experiences.

**Diversity Information (optional)**

To ensure boards mirror communities near the DOE site and in accordance with Executive Order 14035, DOE requests certain cultural and geographic information about applicants. Information in this section will be used for that specific purpose only. Race/Ethnicity:

Caucasian      African American      Hispanic or Latino      Native American      Asian-American

Other \_\_\_\_\_

Gender:    M     F

Age:     Under 30     30-45     45-65     Over 65

**How did you hear about the EM SSAB? (Check all that apply.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Newspaper advertisement<br>Name of newspaper _____ | <input type="checkbox"/> Radio advertisement<br>Name of radio station _____ |
| <input type="checkbox"/> EM SSAB website                                    | <input type="checkbox"/> EM SSAB member                                     |
| <input type="checkbox"/> E-mail Announcement                                | <input type="checkbox"/> DOE Mailings                                       |
| <input type="checkbox"/> Other (please explain) _____                       |   |

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**Membership Commitment**

*If selected to serve on the EM SSAB, I agree to follow all applicable federal policies and local bylaws including attending board meetings and related training events, reviewing background materials, and working cooperatively with the membership to fulfill the purpose of the board. I also understand that my membership is for the benefit of the community and will be directed toward issues affecting the EM program.*

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

