

U. S. DEPARTMENT OF ENERGY
ENVIRONMENTAL MANAGEMENT SITE-SPECIFIC ADVISORY BOARD (EM SSAB)
Portsmouth Site Specific Advisory Board

Application No. (Please leave blank) _____

MEMBERSHIP APPLICATION

(Version: June 2017)

The EM SSAB (or Board) provides meaningful opportunity for collaborative dialogue among the diverse communities at the Department of Energy (DOE) Environmental Management (EM) clean-up sites. At the request of the Assistant Secretary or the Site Manager/Assistant Manager for Environmental Management, the Board provides advice and recommendations concerning EM site-specific issues.

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 **Portsmouth Site Specific Advisory Board**.

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. Upon appointment, members are provided with details regarding the specific conflict-of-interest principles.

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.

You must be a U.S. Citizen or a legal resident to serve on the EM SSAB.

U.S. federal government employees are ineligible to serve on the EM SSAB.

If you would like to be considered for membership on the EM SSAB, please complete pages 2 - 4 of this application and forward it and your resume, if available, to the contact for your local EM SSAB listed on 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 Web site for your local board, www.pgdpcab.energy.gov.

Please send your application to: **julie@ports-ssa.org (email),**
 1862 Shyville Road
 Piketon, Ohio 45661

*******Please attach your current resume or curriculum vitae to this application, if available**
Please return promptly.

NOTE: Processing EM SSAB membership applications can take as long as five months.

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(Please print or type)

Last Name	First Name	Middle Initial
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Street Address

City	County	State	Zip
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Mailing Address, if different

City	County	State	Zip
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Please list phone number(s) where we can contact you:

Primary Phone <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell	Alternate Phone <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell	Fax
---------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------	-----

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

Are you a Consultant to DOE or one of its Contractors or Subcontractors? Yes No

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 issues and concerns 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 limit your choices to two categories and indicate your selections with a checkmark. In addition, please briefly explain those checked interests on the lines below the categories.

- | | |
|--------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> County/City/Tribal Government | <input type="checkbox"/> Civic Issues |
| <input type="checkbox"/> Educational Issues | <input type="checkbox"/> Environmental Issues |
| <input type="checkbox"/> Minority Issues | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Labor Issues | <input type="checkbox"/> Business Issues |
| <input type="checkbox"/> Other (please explain) | <input type="checkbox"/> Economic Development Issues |

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.

Name of Organization	Dates of Membership	Role (member, chair, president, etc.)

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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.

<u>Degree/Certification</u>	<u>Field</u>	<u>School/Institution</u>

Diversity Information (optional)

To meet the diversity membership criteria contained in the EM SSAB Guidance, 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 minority _____

Gender: M F

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

How did you hear about the EM SSAB? Please check all that apply.

- | | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Newspaper advertisement
Name of newspaper _____ | <input type="checkbox"/> Radio advertisement
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 attend board meetings and related training events, review background materials, and work cooperatively with the membership to fulfill the purpose of the board. Furthermore, I understand that the commitment of time expected is approximately 10 to 20 hours per month. I also understand that I will be a representative of my community and my work with the board will be directed toward issues affecting the EM program.

Print Name _____ Signature _____ Date _____