OSUWMC and Health Science Colleges Diversity Council Application

By completing this application, I commit to:
  o Serving a two-year term on the Diversity Council
  o Attending at least three of the four annual council meetings
  o Joining and contributing to one of the five subcommittees
  o Advocating for the medical center’s mission

Name (printed): __________________________________________

Supervisor’s name: _______________________________________

Date: ____________________________

Email: ____________________________

Phone: ____________________________

Why do you think diversity, equity and inclusion (DEI) is important at the medical center?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Briefly describe any previous experience you have had with DEI initiatives. __________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What are three strengths you would bring to the diversity council if selected? __________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Note: If you require more space for the above questions, you may continue writing on another page.

Signature: ____________________________

☐ My supervisor is aware and supportive of my application.

Supervisor’s signature/approval: ____________________________

Email completed form to Diversity.Council@osumc.edu by Friday, December 3.