



OSUWMC and Health Science Colleges Diversity Council Application

By completing this application, I commit to:

- Serving a two-year term on the Diversity Council
- Attending at least three of the four annual council meetings
- Joining and contributing to one of the five subcommittees
- 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.