



## **Oregon Inter-Tribal Breastfeeding Coalition:** **Advisory Board Member Application**

Position Description: An individual who is committed and passionate about the promotion of breastfeeding among Oregon Native communities. Responsibilities include breastfeeding promotion in your community by distributing informational materials, increasing awareness to resources, and monthly conference calls with fellow board members.

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**Name:**

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**Age:**

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**Gender Identity:**

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**Tribal Affiliation:**

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**Current Location:**

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**Describe your interest in joining the OITBC:**

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**What is your experience with breastfeeding and/or supporting breastfeeding families?**

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**How would you like to see change in your community surrounding breastfeeding?**

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**References:**

**Name:** \_\_\_\_\_

**Organization/Title:** \_\_\_\_\_

**Contact Info (email/phone):** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Organization/Title:** \_\_\_\_\_

**Contact Info (email/phone):** \_\_\_\_\_