

Your request for appointment to an advisory council/committee of LifeWays will be reviewed by the LifeWays Board of Directors. The Board uses the following information as well as recommendations from existing LifeWays advisory council/committee members to make decisions on appointments.

**Name:**

**Address:**

**Date of Birth:**

**Phone:**

**Secondary Phone:**

### APPOINTMENT INFORMATION

**Please indicate your appointment preference:**

*1 - Desired, 2 - Will consider, 0 - Not interested*

- Consumer Advisory Council
- Recipient Rights Advisory Committee
- Self-Determination Advisory Committee
- Parent Advisory Committee

**Please check all that apply:**

*I represent services in the county(ies) of:*

- Jackson
- Hillsdale

**Please check all that apply:**

*I am a...*

- Consumer or former consumer of services
- Family member of current or former consumer of LifeWays services
- Representative of public interest
- Representative of consumer organization/advocacy group

**Please check all that apply:**

*I represent the following service populations:*

- Adults with Mental Illness
- Individuals with Developmental Disabilities
- Individuals with Substance Use Disorders
- Families with children with Serious Emotional Disturbances

### COMMUNITY INVOLVEMENT

**Please indicate applicable community activities or organizations you are involved in:**

*Activity/Organization*

*Position(s) Held*

*Length of Time*

**ADDITIONAL INFORMATION**

Please list any additional information you feel may be helpful in considering your appointment request:

**Employment (if applicable):**

*Current Employer:*

*Job Position:*

*Years:*

**Education (if applicable):**

*High School:*

*College:*

*Other:*

**REFERENCES**

**Please list three references we may contact:**

*Name:*

*Address:*

*Phone:*

**SIGNATURE**

**My signature authorizes my consent to contact the above-named references, signifies my interest in serving on an advisory council/committee to the LifeWays Board, signifies my agreement to solution focused service, collaborative toward system resolution, and is indication that I embrace the values adopted by LifeWays.**

*Signature:*

*Date:*

*Please submit completed application to:*

LifeWays Customer Services or [customerservice@lifewaysmi.org](mailto:customerservice@lifewaysmi.org)  
1200 N. West Ave.  
Jackson, MI 49202