LifeWays

ADVISORY COUNCIL/COMMITTEE REQUEST FOR APPOINTMENT

Name:	Address:	
Date of Birth:		
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rnone:	Secondary Prione:	
Phone:	Secondary Phone:	

APPOINTMENT INFORMATION

Please indicate your appointment preference:

1 - Desired, 2 - Will consider, 0 - Not interested Please check all that apply:

I represent services in the county(ies) of:

Consumer Advisory Council Jackson

Recipient Rights Advisory Committee Hillsdale Self-Determination Advisory Committee

Parent Advisory Committee

Please check all that apply: Please check all that apply:

I represent the following service populations: I am a... Consumer or former consumer of services Adults with Mental Illness

Individuals with Developmental Family member of current or former Disabilities

consumer of LifeWays services

Representative of public interest Individuals with Substance Use Disorders Representative of consumer Families with children with Serious

Emotional Disturbances organization/advocacy group

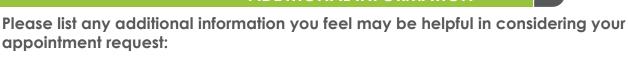
COMMUNITY INVOLVEMENT

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

Activity/Organization Position(s) Held Length of Time

LW# 06-01.01-A 08/2022

ADDITI	ONA	LINFC)RMA	TION



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 <u>customerservice@lifewaysmi.org</u> 1200 N. West Ave. Jackson, MI 49202

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