

Application for Appointment to LCCMH Committee

Name: _____ Length of County Residence: _____

Address: _____

Phone # _____ E-Mail: _____

Which Committee are you applying for?

- Citizens' Advisory Council (CAC) *(Monthly, fourth Tuesday from 10:00 am – 12:00 pm)*
- Recipient Rights Committee *(Monthly, second Monday from 12:00 – 1:00 pm)*
- Quality Council *(Quarterly, third Tuesday from 9:00 am – 11:00 am)*
- Trauma Informed Care Workgroup *(Quarterly, fourth Friday from 10:30 am – 12:00 pm)*
- Health and Safety Committee *(Every other month, second Wednesday from 3:00 – 4:00 pm)*

Please indicate what you will be representing:

- | | |
|--|---|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Family / Guardian of Person Served |
| <input type="checkbox"/> Community Partner | <input type="checkbox"/> Person Served |

For CAC applicants, please indicate what program you will be representing:

- | | |
|--|---|
| <input type="checkbox"/> ACT | <input type="checkbox"/> Outpatient Therapy |
| <input type="checkbox"/> Aktion Club | <input type="checkbox"/> Stepping Stone |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Independent Living with Supports |
| <input type="checkbox"/> Children's Services | <input type="checkbox"/> Teamwork |
| <input type="checkbox"/> Co-Occurring SUD | <input type="checkbox"/> Fine Arts |
| <input type="checkbox"/> Golden Arrow Drop-In Center | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Harmony Hall | |

Reason for Interest in the Committee:

Past Experience: (Experience on county boards, church, civic, community groups, memberships and / or associations, please include dates, in known)

Employment: (Place, day and times)

I understand this is strictly a voluntary service. I further understand serving in this capacity does not constitute an employment or contractual service provider arrangement with LCCMH. I agree I will avoid and disclose any potential conflict of interest between myself or any family members and LCCMH. A stipend intended to cover transportation and other out of pocket expenses will be provided. I do have the right to decline the stipend.

I further attest I do not have any contractual agreements with LCCMH or other conflicts of interest that would preclude my participation on a LCCMH committee.

If appointed to a Committee, I grant LCCMH permission to photograph me, to be identified as a member of the Committee. I understand my picture and name may be posted at all LCCMH sites. I understand when my term is up the picture and identifying information will be destroyed. My picture may remain posted at each site for the entire term of my membership of the Committee. My picture will not be used for any other purpose. My signature indicates I read this paragraph and it has been explained to me in a language I can understand.

Signature

Date

Submit completed application to Lisa Ruddy through one of the following options:

- Front Desk / Case Holder: Put in Lisa Ruddy's mailbox
- Email: lruddy@lapeercmh.org
- Fax: ATTN Lisa Ruddy at 810-664-8728
- Mail: Lisa Ruddy 1570 Suncrest Dr. Lapeer, MI 48446

