

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)*
- Health and Safety Committee *(Every other month, second Wednesday from 3:00 – 4:00 pm)*
- Other: _____

Please indicate what you will be representing:

- Board Member
- Family / Guardian of Person Served
- Community Partner
- Person Served

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

- ACT
- Outpatient Therapy
- Aktion Club
- Stepping Stone
- Case Management
- Independent Living with Supports
- Children's Services
- Fine Arts
- Co-Occurring
- Veterans / Military
- Substance Use Disorder
- Employment Services / Teamwork
- Golden Arrow Drop-In Center
- Other: _____
- 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

