



**Magellan of Arizona
Committee/Work Group Application**

Please send your application to:
 Magellan Health Services of Arizona
 Recovery and Resiliency Department
 Attn: Trish Bleth, Director, Recovery and Resiliency
 4801 E. Washington St., Ste. 100, Phoenix, AZ 85034
E-mail: TAbbleth@MagellanHealth.com or **Fax:** (800) 424-4261

Application # ___ (to be completed by Magellan)

Thank you for your interest in supporting the work of Magellan. If you are interested in serving on a Magellan Core Committee or Workgroup, please complete this application. You may list up to three choices for the Core Committees and the choices for the Workgroups. Magellan will use this information when there are openings on one of the committees or workgroups. Applications will be reviewed on a first come-first served basis. **Please note committee members are required to participate in a half-day training within two months of joining a committee/workgroup.**

Name:	
Address:	
City/State:	ZIP:
E-mail:	
Phone: Day:	
Evening: same	
Best time to contact you:	

Which of the following best describes you? I am a:

- Adult receiving general mental health/substance abuse (GMHSA) services
- Adult receiving serious mental illness (SMI) services
- Young adult (18-25) receiving transitional aged youth (TAY) services
- Family Member of an adult receiving GMHSA services

- Family member of an adult receiving SMI services
- Family member of a child/adolescent receiving children's services
- Children's provider
- GMHSA provider
- SMI provider
- Stakeholder or community member

Magellan Community Committees

Which Committee/Workgroup are you applying for? _____

Please answer the following questions:

1. I have previously served on the following Magellan of Arizona Committees:

None

2. I am currently serving, or have previously served on a board/committee/commission of other public or private organization:

Committee: _____ Dates: _____

Committee: _____ Dates: _____

3. Describe any other personal involvement in local community activities. Please include skills you have developed that are important to joint decision making. For example, Clinic Advisory Councils, civic clubs, professional associations, and/or volunteer activities:

Committee: _____ Dates: _____

Committee: _____ Dates: _____

Committee: _____ Dates: _____

4. We are committed to having diversity in each committee/workgroup to reflect a wide range of viewpoints, backgrounds, skills, experience and expertise. How will you contribute to this goal?

5. All committee members must be able to attend and fully participate in committees/work groups. Based on the committee/workgroup(s) you selected above, are you able to commit to attendance at all meetings and the required training?

_____ Yes

_____ No

Please note: All Magellan service recipients and family members are entitled to a stipend of \$35 per meeting for your valuable services and to cover costs of transportation and other expenses incurred by attending each meeting.