



**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.**

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

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

- |   |  |
|---|--|
| <input type="checkbox"/> Adult receiving general mental health/substance abuse (GMHSA) services | <input type="checkbox"/> Family member of an adult receiving SMI services                  |
| <input type="checkbox"/> Adult receiving serious mental illness (SMI) services                  | <input type="checkbox"/> Family member of a child/adolescent receiving children's services |
| <input type="checkbox"/> Young adult (18-25) receiving transitional aged youth (TAY) services   | <input type="checkbox"/> Children's provider   |
| <input type="checkbox"/> Family Member of an adult receiving GMHSA services                     | <input type="checkbox"/> GMHSA provider  |
|   | <input type="checkbox"/> SMI provider  |
|   | <input type="checkbox"/> Stakeholder or community member                                   |

## Magellan Community Committees

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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.