



Banner  
University Family Care

## Member Advocacy & Advisory Council Membership Application

**Recruitment is open!** We're looking for interested individuals, youth and family members to serve on our Member Advocacy and Community Advisory Councils.

All Council members play an important role in guiding how we serve the community and how we provide care.

Your involvement also helps us come up with ways to improve services for our members.

### Where can I get an application?

You can find and fill out this application on our website at [www.bannerufc.com/acc](http://www.bannerufc.com/acc). It's easy. Just click on "**Plan Information**" and then click on "**Office of Individual and Family Affairs (OIFA)**." You can also download a committee application (PDF) from this page. Just fill out the form, save it, and email it to the Office of Individual and Family Affairs at [oifateam@bannerhealth.com](mailto:oifateam@bannerhealth.com).

You can also mail the application to:

**Banner Corporate Center Mesa**

**ATTN: JoAnne Kautzman, Health Plans Re: BUHP Councils**

**525 W. Brown Road., 8th Floor**

**Mesa, AZ. 85201**

### Need help?

If you need help with the application, simply call Colleen McGregor at (480) 827-5988.

If you are selected for a Council, we'll provide you with all the training and support you need.

If you don't have access to the internet at home, you can also go to your public library. You might want to call ahead to make sure the library is open, and computers are available.



## Banner – University Family Care Committee & Council Application

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

*First*

*Middle*

*Last*

**Address:** \_\_\_\_\_

*Street*

*City*

*Zip Code*

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Age:**  14-17  18-25  26-35  36-45  46-52  53+

**Gender:**  Male  Female  (fill in the blank)

**Diversity matters!! Tell us about your ethnic and/or cultural background:**

**Check all the boxes that apply to you:**

- I'm a peer
- I'm a family member of an ADULT receiving services
- I'm a family member of a CHILD receiving services
- I'm a youth/young adult receiving services
- I'm a community member and/or advocate
- I am a Care Giver
- I'm a behavioral healthcare provider or employee

**Tribal Association**

- Yes. Please list tribe:
- No
- I prefer not to answer

**How did you hear about Banner – University Family Care's Councils?**

- Peer/friend  Provider  NAMI  Neighbor Advisory Council
- Community Coalition/ Event  Other

**Tell us on which committee's you would like to serve:**

- Member Advocacy Council
- Youth Leadership Council
- Community Advisory Councils
- Cultural Competency Committee

**Do you have transportation available to you?**            Yes                            No

**List the hours you would be available to sit on a Council:**

**Tell us about your experience and knowledge in the following areas. Explain how it would benefit the Council (s) on which you'd like to serve.**

**Physical and/or behavioral health recovery, support and/or advocacy:**

**Family, youth and/or peer involvement (adult and/or children's physical and/or behavioral health care system):**

**Education, skills, certificates or other interests you'd like us to consider:**

**State/local physical and/or behavioral health councils/boards/organizations you've been a part of in the past 5 years:**

**Volunteer and/or work experience in Arizona politics, recovery services, prevention or other areas of the behavioral health system:**

Signature:

Date: