



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.

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.

You can also mail the application to:

Banner Corporate Center Mesa

ATTN: JoAnne Kautzman, Health Plans Re: B - UFC/ACC 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/ACC
COUNCIL MEMBERSHIP 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 an individual receiving services
- 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'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?

- Member/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 Advisory Sub-committee

Community Advisory Councils

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:

Individual, youth and/or family 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: