

GREATER COLUMBIA BEHAVIORAL HEALTH, LLC BH-ASO Committee Membership Application

Please select appropriate Committee for which you are applying as well as designation:

- | | | |
|---|----------------------------------|------------------------------------|
| <input type="checkbox"/> Clinical Crisis Providers | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| <input type="checkbox"/> Funding & Fiscal Operations | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| <input type="checkbox"/> Management Information Systems | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| <input type="checkbox"/> Behavioral Health Advisory Board (BHAB) | | |

Name: _____

Position _____

Agency _____

Address _____

Telephone: _____ Fax: _____ E-mail _____

List your work experience relevant to this Committee:

1. _____

2. _____

3. _____

4. _____

Summarize the strengths you would bring to the Committee:

Can you fulfill these commitments?

- ◆ Regular ongoing attendance at meetings (minimum of 1x/mo)
- ◆ Active participation during meetings
- ◆ Accept and complete assignments
- ◆ Participate in task groups for the Committee
- ◆ Help develop and carry out the intent of the GCBH LLC Committee

The GCBH LLC asks for your participation and the above commitments to this Committee for at least one year and up to three years. Your signature below indicates your commitment to this GCBH LLC Committee.

Signature: _____ Date: _____