**TEAM MEMBER APPLICATION INFORMATION FORM**

***Quality Management Advisory Committee Application***

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| --- | --- | --- | --- |
| Date: |  | Source/Referral: |  |
| Representation: |  | Ryan White Part: |  |
| Name: |  |
| Mailing Address:  |  |
| City/State/Zip: |  |
| Work Phone: |  | Cell Phone: |  |
| Home Phone: |  | Fax: |  |
| E-mail: |  |  |  |
| Conflict of Interest: |  |
| Present Employment: |  |
| Are you new to the Quality Management Advisory Committee? Yes **** No ****Are you interested in becoming a mentor in the future? Yes **** No *******In order to participate in the Quality Management Advisory Committee (QMAC) you must first receive written permission from your respective agency/direct manager to attend.***Did you receive approval from your agency to participate and join QMAC? Yes **** No ****Please state your qualifications, interest and/or reasons for wanting to be a member of the QMAC: |
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|  |
| Review Team Comments: |  |
| Approval: |  |
| QMAC Chair |  | Date: |  |
| VDH QM Coordinator: |  | Date: |  |