**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: |  |