### APPLICATION FOR COMMITTEE MEMBERSHIP

**Potential Member:** Thank you for your interest in serving on the NC TIDE Committee. Please complete the information below and submit to an NC TIDE Member for voting on membership. You will be notified once the application process is complete.

1. **CONTACT INFORMATION**

|  |  |
| --- | --- |
| Name: |       |
| Address: |       |
| Telephone Number: |       |
| Cell Number:  |       |
| Email address: |       |

1. **EMPLOYMENT/EDUCATION**

|  |  |
| --- | --- |
| Current Employer Name? |        |
| How would you classify your employer? | [ ]  MCO [ ]  Provider [ ]  DHHS  |
| If you are a provider, which LME/MCO is your host for your corporate site? |       |
| What is your position?  |        |
| Education/Degree:  |        |

1. **WORKTEAMS/STEERING COMMITTEES**

|  |  |
| --- | --- |
| Which Work Team(s) would you represent best based on your work experience? | [ ]  Business/IT/Provider[ ]  CFAC[ ]  Clinical- MH/IDD/SU[ ]  Integrated Care[ ]  Quality Management |
| Additional Steering Committees you may be interested in: | [ ]  Conference Set Up/Break Down[ ]  Entertainment [ ]  Front Desk Registration Assistance[ ]  Public Relations/Marketing[ ]  Nomination Committee |

1. Please describe your experience and how it would be of value to NC TIDE.

1. Please describe any areas of interest, skills or strengths which may be of value or interest to NC TIDE?

1. The following outlines what will be expected of you as a member of this committee. Please check “yes” or “no” to indicate if you are willing to meet these expectations:

[ ] Yes [ ] No I am willing to receive training related to my responsibilities on the Committee.

 [ ] Yes [ ] No I am willing to attend scheduled conference call meetings for my assigned work team and assist the work team as needed to complete the needed sessions.

[ ] Yes [ ] No I am willing to make efforts to keep myself informed

about issues affecting the MH/IDD/SU Service system and issues effecting NC TIDE. I am willing to keep up with the business of NC TIDE through participating in discussions/decisions.

[ ] Yes [ ] No I am willing to attend NC TIDE conferences(if available), assist with conference duties and responsibilities as designated by the officers.

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 **Signature Date**