



Application Member and Family Advisory Council

Thank you for your interest in joining the LIFEPlan CCO Member and Family Advisory Council. Please complete this form to provide information about yourself and your interest in participating on the council.

Council members agree to attend a minimum of four (4) Council meetings per year, and to serve for a minimum of 1 year.

Date: _____

Name: _____ Phone: _____

Address: _____

Email address (please write legibly) _____

Relationship to LIFEPlan member, or self advocate _____

Why are you are interested in joining the Member and Family Advisory Council: _____

Do you have previous board or committee experience? _____

What skills can you offer as a Council member? Check those that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Board development | <input type="checkbox"/> Financial management | <input type="checkbox"/> Training |
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Staffing / HR | <input type="checkbox"/> Community networking | <input type="checkbox"/> Volunteer management |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Other Profession | <input type="checkbox"/> Facilities management |
| <input type="checkbox"/> Legal | | |

Please email this application to: mfac@lifeplanccony.com or send a completed copy to MFAC , LIFEPlan CCO NY, 258 Genessee Street, Utica NY 13502