
Application for Voices in Partnership

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____

Phone Home: _____ Cell: _____

Please answer the following questions.

- 1) **Would you like to be on the council?** ___ Yes ___ No
If No, would you be interested in serving in the future? If so, please fill out the contact information and return it to us in a self-addressed, stamped envelope.

- 2) **What is your preferred way of receiving communication about the council?**
___ Email ___ Pick up within 3 days of a meeting

- 3) **Is it okay to share your contact information (address, telephone number, email address) with other members of the council?** ___ Yes ___ No

- 4) **What issues would you like to see the council address?** _____

- 5) **What special interest or experiences would you be able to offer to the council?** (i.e. career history, work experiences, previous council experience) _____

6) **Do you have any dietary needs we should be aware of (e.g. allergies, vegetarian)?**

___ Yes ___ No If yes, please explain: _____

7) **Do you have any special needs we should be aware of?** ___ Yes ___ No

If yes, please elaborate: _____

8) **What would be the best day and time to schedule meetings?**

Members of the VIP council must adhere to all HIPAA regulations to protect patient privacy.

Signature: _____

Date: _____