



## Volunteer Application for Appointment to the Quality Improvement Committee (QUIC)

The following information will assist us in the selection process. Please help us in getting to know you.

Name: \_\_\_\_\_ Home phone # \_\_\_\_\_  
(last, first, middle initial)

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Address (If different) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Work phone # \_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Education: \_\_\_\_\_

### Residence:

How long have you lived within the SBHO service area (Kitsap/Jefferson/Clallam Counties): \_\_\_\_\_

### Consumer Experience:

Have you or any member of your immediate family received mental health or substance use disorder services?  
Yes \_\_\_\_\_ No \_\_\_\_\_

### Affiliations:

Within the past year, have you or a member of your immediate family been employed by, or on the board of directors of any agency funded in part by the Salish Behavioral Health Organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, agency name: \_\_\_\_\_

### Special Training:

Why are you applying for this appointment? \_\_\_\_\_

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Have you served on any other county board, commission, committee, council or task force? If yes, please list: \_

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Do have experience or special training in the area of Human Services? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please describe:

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**Availability to Attend Meetings:**

Would you be available to attend daytime meetings once per month? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there certain days of the week you would be unable to attend meetings (excluding Saturday or Sunday)?\_\_

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Are you able and willing to attend committee meetings in addition to QUIC meetings? Yes \_\_\_\_\_ No \_\_\_\_\_

**Comments (Optional):**

In addition to the above, I wish to add:

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**References:**

Please list three references and their contact information:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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**Date**

**Signature of Applicant**

**Please return to:**

Salish BHO  
Attn: QUIC Coordinator  
614 Division Street, MS-23  
Port Orchard WA 98366-4676  
FAX: 360-337-5721