

Application for Appointment to the DPW, Office of Long Term Living Quality Council

Application Date: _____

Name (Print):		
Signature:		
Type of Appointment Representation: (Circle One)		
Consumer	Provider	Public/Interested Citizen
Appointments will be made to serve a term of up to four years: (Circle One Preference)		
Two Years	Three Years	Four Years

Contact Information:

E-Mail Address:			
Home Address:			
City:	State:	Zip Code:	County:
Home Phone: ()		Mobile Phone: ()	
Business Address:			
City:	State:	Zip Code:	County:
Business Phone: ()		FAX Number: ()	

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Disclosure Information:

Please list any other Councils, Boards or Commissions you are currently serving on. Include all community organizations that you or a member of your immediate family have a relationship with that may be reviewed by or have future business with the Office of Long Term Living. For purposes of this agreement, the term “relationship” means any relationship with a person or organization which includes a financial, employment, or as a board member. The term “immediate family” for purposes of this agreement means spouse, parent, children or other individuals residing in the same household as you.

Organization	Relationship	Self or Immediate Family – Please List

If there are any additional listings, please attach.

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Please provide the following information for at least two (2) references:

Name	Phone Number	Address	Relationship

I give permission to the Office of Long Term Living to verify any information I have included in this application. I have listed all community organizations that I or a member of my immediate family have a relationship with, that may be reviewed by or have future business with the Office of Long Term Living. For purposes of this agreement the term “relationship” means any relationship with a person or organization which includes a financial, employment or as a board member. The term “immediate family” for purposes of this agreement means spouse, parent, children or other individual residing in the same household as you.

If I am appointed as a member of the Quality Council, I agree I will follow all OLTL policies and procedures and follow confidentiality requirements as requested. As a member of the Quality Council, I realize that I have an obligation to disclose any potential conflict of interest and will report any changes to the Quality Council. The council realizes that all potential applicants will have a vested interest in the quality of the community based OLTL programs.

I hereby certify that I have read, understand and agree that the information given in this application is complete and accurate to the best of my knowledge.

Signature _____

Date _____