



Committee/Work Group Member Commitment Form

WSCC Mission

Uniting Washington State family leaders in behavioral healthcare to strengthen children, youth, families, and community partnerships.

We invite you to use your expertise and passion to make a difference in the lives of Washington families by becoming a committee or workgroup member that supports our Mission.

Volunteer expectations

- Will attend 80% of meetings
- Will give advance notice, whenever possible, when he/she cannot attend
- Will attend one 2-hour monthly committee/workgroup meeting
- Will attend one 3-hour WSCC all committee/workgroup meeting every other month

You are eligible for an honorarium of \$50 per meeting for participating in these meetings.

Personal Information

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

I would like to join the following committee or workgroup:

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| Equity, Diversity, and Inclusion Committee |
| Social Marketing and Communications Committee |
| Advocacy Leadership and Training Committee |
| Board of Directors Capacity and Advisory Committee |
| Outpatient Behavioral Health Services Workgroup |
| Inpatient Behavioral Health Services Workgroup |
| Family Peer Support and Family Leader Opportunities Workgroup |
| Cross-System Services Workgroup |

Yes! I agree to serve as a WSCC committee member.

Volunteer Signature: _____ Date: _____

WSCC Signature: _____ Date: _____

I agree to allow photos/video or other media using my likeness to be used by WSCC on their website, social media channels, and/or publications: Yes No

Would you like to receive the \$50 honorarium per meeting? Yes No

Complete form and return to Karen Kelly at karenkelly@wscsupport.org
A final signed copy will be returned to you for your records.