



Committee 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

Attendance Support in the amount of \$50 per meeting will be paid on a monthly basis.

Personal Information:

Name _____
Address _____
City, State, Zip _____
Phone _____
Email _____

I would like to join the following committee or workgroup:

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 committee member from August 2020 to August 2021.

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

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