**Kansas PEAK Advisory Team Volunteer Application**

Email or mail completed form to:

 Trescia Power, Program Finance Oversight Manager

Kansas Department for Aging and Disability Services

 503 South Kansas Ave. Topeka, KS 66603

 trescia.power@ks.gov

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| Contact Information |
| Name: |  |
| Position/Title: |  |
| Agency Name: |  |
| Address: |  |
| Phone Number: |  |
| Email: |  |

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| Membership Type |
| Long Term Care Ombudsman: □ Yes □ No Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PEAK Mentor Home: □ Yes □ No Number of months/years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Current PEAK Level□ Foundation \_\_\_\_\_\_\_\_\_\_\_ *(number of years)*□ Level 1: \_\_\_\_\_\_\_\_\_\_\_\_ *(number of years)*□ Level 2: \_\_\_\_\_\_\_\_\_\_\_\_ *(number of years)*□ Level 3: \_\_\_\_\_\_\_\_\_\_\_\_ *(number of years)*□ Level 4: \_\_\_\_\_\_\_\_\_\_\_\_ *(number of years)*□ Level 5: \_\_\_\_\_\_\_\_\_\_\_\_ *(number of years)*□ Level 6: \_\_\_\_\_\_\_\_\_\_\_\_ *(number of years)*□ Level 7: \_\_\_\_\_\_\_\_\_\_\_\_ *(number of years)*□ Level 8: \_\_\_\_\_\_\_\_\_\_\_\_ *(number of years)* | Have you or your facility ever achieved a PEAK Award?□ Yes, when: \_\_\_\_\_\_\_\_\_\_\_\_ □ No□ For Profit □ Not for Profit |

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| Why do you want to be a member of the Kansas PEAK Advisory Team? |

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| What can you contribute to the Kansas PEAK Advisory Team? |

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| ***The Kansas PEAK Advisory Team will be subject to the requirement of the Kansas Open Meetings Act (KOMA) KSA 75-4317 through 75-4320a.*** |

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| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |