**Dear Michigan Family Voices Volunteer Advisory Committee Member Applicant:**

We are enthusiastic about your willingness to apply for a position on one of the newly formed Michigan Family Voices (MIFV) Advisory Committee. MIFV is one of fifty- Statewide Affiliate Organizations (SAO) in the country. An SAO is a statewide/territory-wide/tribal, parent/family-led non-profit organization, with an advisory body composed of a majority of family members of children and youth with special needs and/or disabilities that meets the requirements of an SAO and works to advance the mission, vision and principles of Family Voices, Inc. There is only one SAO approved per state. Michigan’s SAO is being incubated by the Arc Michigan. To find out more information about Family Voices Inc. visit [www.familyvoices.org](http://www.familyvoices.org).

**Purpose:** The work of the Michigan Family Voices Advisory Committee by the purpose established by the SAO and strategic plan. The Committee acts to advise the organization and foster ongoing growth of Michigan Family Voices.

**Appointment:** The Advisory Committee member is selected by members of the MIFV core team.

**Term:** An Advisory Committee member is appointed to a one year term; renewable once. The term will begin March 1, 2015.

**Commitment:** All meetings during member terms can be attended either in person or by teleconference. Advisory Committee Meetings occur the third Thursday in March, June, September and December. Generally the Advisory Committee meets for up to 3 hours.

**Selection Process:** Interested parties will receive an invitation letter, an application and a summary document. The deadline to return the application will be January 1, 2018. Applicants will be selected and notified of appointment by February 28, 2018. Selected members will be expected to attend a meeting in March 2018.

The following documents accompany this invitation: About Us, Job Description and Application. Please complete and return the application before January 31, 2018.

**Thank you for your interest,**

**Michigan Family Voices Core Team**

**About Us**

**State Affiliate Organization: January 2013** (Incubated by Arc Michigan)

**Identified SAO Contacts:** Sherri Boyd,Laura Chesser, Lisa Cook-Gordon

**Core Team:** Laura Chesser, Lisa Cook-Gordon,

**Our Mission** Michigan Family Voices aims to achieve family-centered care for all children and youth with special needs and /or disabilities.

**Our Vision** Every family with children and youth with special needs and/or disabilities receive family and person centered care

[**OUR STRATEGIC DIRECTIONS**](https://org2.democracyinaction.org/o/6739/t/11331/shop/item.jsp?storefront_KEY=343&t=&store_item_KEY=1474) Michigan Family Voices Advisory Committee will continue to focus on the following goals and objectives to achieve family and person-centered care for all children and youth with special health care needs and/or disabilities.

**Goal 1: MIFV will be the umbrella for all the leadership work in the state and be seen as a huge network that other agencies and folks can come to in order to access a network of leaders to assist with policy advocacy, to participate in their programs,  get input.**

**Objective: MIFV will secure funding for operations and supporting leaders in the network.**

***Activity:***Establish a Fund Development Workgroup

***Outcome****:* MIFV Fund Development workgroup will address and make recommendations about fund development activities. I.e. fundraising, grant writing, etc.

***Activity:*** Identify funding of MI FV Activities.

***Outcome:*** MIFV will identify foundations and other funding opportunities that can be secured to fund MIFV organization operations and supporting leaders in the network.

**Objective: MIFV will build a network of leaders to influence public policy and ensure every child received family centered care.**

***Activity*:** Establish a Leadership Workgroup

***Outcome:***MIFV Leadership Workgroup will address and make recommendations about leadership activities

***Activity:***Network among people in local communities. Identify at least 2 leaders in each county to represent families & articulate those needs to.

***Outcome:*** MIFV will have at least 2 leaders in each outlying area of Michigan that would be able to represent families and articulate those needs to MFV and serve as a point person that MFV can take under their wing and help them infiltrate into the community.

***Activity:*** Partner and coach leaders. Establish peer mentoring for leaders.

***Outcome*:** MIFV will have a network of confident leaders.

***Activity:***Notify families of all of the opportunities for involvement Create opportunities for inter-connectivity.

***Outcome:*** MIFV will have a mechanism to inform families of leadership opportunities.

***Activity:*** Get families into “the know” at a young developmental age.

***Outcome:***MIFV will have a mechanism to get families of young children with disabilities involved.

**About Us**

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**Objective: MIFV will partner with decision-makers at all levels to influence public policy and ensure every child receives family centered care.**

***Activity:***Establish a Policy and Legislative Workgroup

***Outcome:*** MI FV Policy and Legislative Workgroup will address and make recommendations about policy and legislative activities.

***Activity:*** Identify, develop and maintain relationships with congressional staffs.

***Outcome:***MIFV will have a relationship with legislators that can provide opportunity for leaders to affect legislation.

***Activity:***Identify, develop and maintain relationships with policymakers in MDCH (and other agencies).

***Outcome:*** MIFV will have a relationship with MDCH MCHB Director and CSHCS Family Center Director (and other identified decision-makers) that can provide opportunity to affect policy decisions.

**Volunteer Advisory Committee Member**

**Job Description**

**Description:**

Participate as a member of the Michigan Family Voices Advisory Committee as well as one of its workgroups: Fund Development, Leadership, or Policy and Legislative composed of a majority of family members of children and youth with special needs and/or disabilities that advise the ongoing work of Michigan Family Voices as detailed in the State Affiliate Organization (SAO) Contract, the strategic plan, and directions from the core team. Including: endorse and promote the purposes of Family Voices, Inc; Michigan SAO is incubated by Arc Michigan.

**Responsibilities:**

***General***

1.    Abides by conflict of interest policy.

2.    Reads and is familiar with Michigan Family Voices SAO and strategic plan.

3.    Remains up-to-date on issues that may affect the workgroup.

4.    Keeps information confidential until approved for disclosure.

**Workgroup Meetings**

1.    Attends and actively participates in workgroup meetings; whether in-person or by conference call.

2.   Provide input and new ideas for workgroup activities on a regular basis.

**Assignments**

1.   Willingness to volunteer and complete assignments of work related to the mission and needs of the workgroup.

2.   Seek input from other workgroup members and the general community to complete projects and assignments.

3.   Report progress on a regular basis that includes in challenges in completion of an assignment/project.

**Desired Experience (not all required):**

1 a.      Be a family member of a child and/or youth with special needs and / or disabilities. This can include a parent, sibling, grandparent or other person who  has cared for, navigated and received services for a child and/or youth with a   special need and/or disability or

     b.     Be a young adult with special needs and/or a disability.

2.   Working knowledge in/with community systems that serve families of children and youth with special needs and / or disabilities for your child (i.e., CSHCS, Medicaid, Children’s Mental Health, and Special Education).

3.   Experience serving on a board, council .committee or workgroups at the local and/or state level that addressed funding, leadership and/or policy development and legislation related to children and youth with a special needs and/or disabilities.

4.   Have served as a leader in your church, community, or workplace (i.e. organizing events, functions or campaigns).

5.   Possess skills and/or specialize in one of the following areas: Advocacy, Fiscal Management, Fundraising, Grant Writing, Legal, Marketing, Mentoring, Program Development and/or Evaluation.

6.   Connect with other networks on behalf of children and youth with special needs and/or disabilities.

**Volunteer Advisory Committee Member**

**Job Description**

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**Personal Attributes**

1.   Committed to advocacy and support for the short and long term material and emotional needs of the disabled community.

2.   Passionate, benevolent, and filled with a spirit of hope and possibility for the growth, development, and quality of life for those less fortunate.

**Volunteer Advisory Committee Member Application**

Michigan Family Voices (MIFV) mission is to aim to achieve family-centered care for all children and youth with special needs and /or disabilities. Our Visionis that every family with children and youth with special needs and/or disabilities receive family and person centered care. We are seeking family members of children and youth with special needs and/or disabilities to participate as members of the MIFV Advisory Committee and one of its workgroups: Funding, Leadership and Policy and Legislative to help us fulfill our mission and vision. As part of the selection process we are asking interested persons to complete this Volunteer Advisory Member Application.

**Personal Information**

Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you (check):  Parent   \_\_\_ Grandparent   \_\_\_ Sibling   \_\_\_ Youth   \_\_\_\_ Other \_\_\_\_

If other please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a child with Special Need and/or Disability?  \_\_\_\_\_

Disability\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Background Experience**

From what capacity does your experience come?

Family Member\_\_\_\_ Advisory Board\_\_\_\_Patient Care Coordinator\_\_\_\_Other \_\_\_\_

If other please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have personal or professional experience in/with community organizations that

serve families of children and youth with special needs and/or disabilities?

Yes \_\_\_\_ No \_\_\_\_\_

If Yes, indicate which organizations/role:

1.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Advisory Committee Member Application**

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**Background Experience**

What is your combined experience working in community organizations?

  Under 1 Year \_\_\_\_ 1-5 Years \_\_\_\_ 5-10 Years\_\_\_\_\_\_ Over 10 Years \_\_\_\_\_\_\_

Have you ever served in a leadership role in your church, community, or workplace i.e. organizing events, functions or campaigns?

Yes \_\_\_\_\_                No \_\_\_\_\_

 If Yes, please explain your role, duties and function\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever served on a board, council, committee or workgroup at the local and/or state level that addressed program planning, implementation and policy development related to children and youth with a special needs and/or disabilities?

 Yes \_\_\_\_\_\_              No \_\_\_\_\_\_

If Yes, please identify the board, council, committee or workgroup \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How long did you serve?

        Under 1 Year \_\_\_\_ 1-2 Years \_\_\_\_\_ 2-5 Years \_\_\_\_\_\_

**Training**

Have you ever participated in training related to supporting or advocating for individuals with special needs or disabilities?

Yes \_\_\_\_\_                No \_\_\_\_\_

If Yes, please identify when, where, and describe your training experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Organizational Relationships**

Do you have relationships with other family organizations in your community or in the state that you could share information with from the workgroup?

Yes \_\_\_\_\_                No \_\_\_\_\_

 If Yes, please identify organization(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passions and Interests**

What are your passions and interests?  Please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Volunteer Advisory Committee Member Application**

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**Skills**

Do you possess skills and/or specialize in one of the following areas (check):

Advocacy \_\_\_ Fiscal Management \_\_\_ Fundraising \_\_\_ Grant Writing   \_\_\_ Legal \_\_\_\_\_

        Marketing \_\_\_ Mentoring \_\_\_\_Program Development/Evaluation \_\_\_\_\_\_

**Workgroup Interest**

What Workgroup Are you Interested in Serving On: (check)

Fund Development\_\_\_\_ Leadership\_\_\_ Policy and Legislative\_\_\_\_

**Other**

Is there anything else you would like to share? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References you would like to include:**

1.   Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Contact Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.   Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Contact Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.   Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Contact Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may complete this application and return it via email to: info@michiganfamilyvoices.org

Or

You may complete and return by mail to:

1325 S Washington Ave Lansing MI 48910

All applications are due by January 31, 2018.