

## Kansas PEAK Advisory Team Volunteer Application

Email or mail completed form to:

Trescia Power, Program Finance Oversight Manager  
 FISC  
 503 South Kansas Ave. Topeka, KS 66603  
[trescia.power@ks.gov](mailto:trescia.power@ks.gov)

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

Membership Type	
Long Term Care Ombudsman: <input type="checkbox"/> Yes <input type="checkbox"/> No Region: _____	PEAK Mentor Home: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of months/years: _____
Current PEAK Level <input type="checkbox"/> Level 1: _____ (number of years) <input type="checkbox"/> Level 2: _____ (number of years) <input type="checkbox"/> Level 3: _____ (number of years) <input type="checkbox"/> Level 4: _____ (number of years)	Have you or your facility ever achieved a PEAK Award? <input type="checkbox"/> Yes, when: _____ <input type="checkbox"/> No <input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit  Survey Regional: _____

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

What can you contribute to the Kansas PEAK Advisory Team?

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_