



Quality Assurance Team Member Application

Value
Of
Individual
Choices and

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please print or type)

Last Name	First Name	Middle Initial	Date of Application
Street Address	City	State	Zip Code
Telephone Number(s)		Social Security Number	
E-mail Address			

Do you have a valid driver's license? Yes ____ No ____

Do you have access to a personal computer? Yes ____ No ____

Will you be sponsored by an organization or a provider agency? Yes ____ No ____

Please list any accommodations you require: _____

Please list the disability populations you have personal, volunteer or work related connections with: _____

Education

	Name and address of school	Course of Study	Years Completed	Diploma/Degree
High School				

Undergraduate College				
Graduate/ Professional				

Volunteer or Employment Experience

Current Organization or Employer		Telephone
Address		
Title / Activity or Work Performed		
*If currently employed by a licensed service provider for individuals with developmental disabilities, is your employer aware of your interest? Yes ___ No ___		
Name of Immediate Supervisor (May be contacted for reference)		Phone Number of Supervisor
Organization / Employer		
Address		
Telephone Number(s)		
Title / Activity or Work Performed		
Dates: From _____ to _____		
Organization / Employer		
Address		
Telephone Number(s)		
Title / Activity or Work Performed		
Dates: From _____ to _____		
Organization / Employer		
Address		
Telephone Number(s)		
Title / Activity or Work Performed		
Dates: From _____ to _____		

Additional information

Why are you interested in becoming a Quality Assurance team member? _____

What does it mean to be person-focused? _____

After the initial training, Quality Assurance team members are required to do a minimum of two reviews a year, although many team members elect to do more. Please circle the months you would be available to do reviews.

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

What counties are you willing to travel to do reviews? Please circle all that apply.

Houston Winona Olmsted Mower Fillmore

Region 10 Quality Assurance is in the process of expansion efforts. Would you be willing to travel to the following counties to do the reviews? Circle all that apply.

Beltrami Polk Blue Earth Nicollet Martin Faribault

Please describe any other information you think would be helpful in considering your application: _____

There are many other volunteer opportunities with Region 10 Quality Assurance such as the Quality Assurance Commission, Quality Assurance Review Council, VOICE Assessment and Review Committee, Legislative Committee and others. If you are interested any of these opportunities please contact:

LeAnn Bieber
Quality Assurance Manager
211 10th Ave NW
Byron, MN 55920
507-775-6586

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision regarding my suitability for the position I am being considered for.

I hereby request and authorize any and all of my current and/or former employers and any other persons indicated as a reference to furnish the Region 10 Quality Assurance staff any information regarding my previous employment. Except where my written statement upon this form specifically requests no investigation be made. I hereby release each employer from any and all liability for furnishing such information.

I understand my responsibilities of becoming a QAT member are to complete a VOICE review immediately after I attend the QAT training, and then at least 2 reviews a year after that. I will also attend 2 small group meetings a year that serve as updates and refreshers to the process.

I have read, understand and agree to comply with the requirements and responsibilities outlined in the material which was included in the application.

If selected for the position, I agree to keep all information gathered on individuals receiving support and service providers confidential.

Signature of Applicant

Date

Please return your completed application along with one written reference to:

**LeAnn Bieber
Quality Assurance Manager
211 10th Ave NW
Byron, MN 55920
507-775-6586**