



Volunteer/In-kind Request Form

Please attach a copy of your organization’s 501(c)(3) letter, W9 form along with the completed application. Incomplete applications will not be considered. Please note, applications must be submitted via e-mail to: MaricopaSponsorships@MagellanHealth.com

As contributing members of central Arizona, we care about the issues and needs that affect us all. We firmly believe that it takes each and every one of us, working together, to alleviate our society’s needs. With this in mind, we provide volunteer and in-kind support to organizations, events/activities and programs that provide vital services to our community, align with our key initiatives and

- Serve the behavioral health community and/or are targeted to behavioral health audience (i.e. providers, service recipients, stakeholders, family members, employees, etc.).
- Create awareness and/or provide educational opportunities about behavioral health issues.
- Strengthen the social, economic and educational infrastructure of our community.



About our Key Initiatives



- **Suicide Prevention and Intervention** - The goal of this initiative is to reduce the suicide rate in Maricopa County and parts of Pinal County. It provides clinical care workers and case managers with the skills, training and resources they need to talk openly and directly about suicide. This program engages family, peers and survivors of suicide and incorporates key race and equity issues.

- **Health, Wellness and Longevity** - The average life expectancy for Arizonans with severe mental illness is reduced by nearly 32 years. To improve the length and quality of life, this initiative creates programs and a mindset throughout the system to address mind and body health and wellness. This involves developing a model of care that combines physical and behavioral health and focuses on strengthening the whole health of the individual.



- **Crisis Planning** - This initiative supports the development of proactive crisis plans for service recipients to assist them before a crisis situation happens. The initiative also helps staff plan for crises, prepare them to provide effective reactive crisis response 24 hours per day, seven days per week, and ensure they follow up after a crisis episode.
- **Clinical Care** - This initiative helps move the system to a model of clinical care management focused on creating therapeutic opportunities for service recipients and away from a broker model of case coordination focused on recipient referrals.

Volunteer/In-kind Support Guidelines

Thank you for your interest partnering with Magellan of Arizona through volunteer opportunities and/or in-kind support. Volunteer/in-kind support requests are considered on a quarterly basis. All requests must be submitted via e-mail by 5:00 p.m. on the deadline day to be considered. Completed applications can be submitted to MaricopaCommunityReinvestment@MagellanHealth.com.

To be considered please complete the Magellan Volunteer/In-kind Support Request form. Be sure to include all supporting materials. **Incomplete applications will not be considered.**

2013 Magellan Sponsorship Application Deadlines:

- **Quarter One Application Deadline** - 5 p.m., Friday, Feb. 1, 2013
 - Awardees notified by Friday, Feb. 22, 2013
- **Quarter Two Application Deadline** - 5 p.m., Friday, May 3, 2013
 - Awardees notified by Friday, May 23, 2013
- **Quarter Three Application Deadline** - 5 p.m., Friday, Aug. 2, 2013
 - Awardees notified by Friday, Aug. 16, 2013
- **Quarter Four Application Deadline** - 5 p.m., Friday, Nov. 1, 2013
 - Awardees notified by Friday, Nov. 15, 2013



2013 Volunteer/In-kind Request Form

Quarter: _____

Date: _____

Organization Name: _____

Executive Director: _____

Address: _____

City, State, Zip _____

Contact Name: _____

Title: _____

Telephone Number: _____

Contact E-mail: _____

Organization Website: _____

Organization Mission: _____

Request: Volunteers Printing Office supplies Raffle Item
 Other _____

Event/Program Name: _____

Event/Program Date: _____

Event/Program Location (if unknown, include possible locations): _____

Event/Program Description: Why are you holding this event? What are you hoping to accomplish? Include your target audience(s). (500 words or less)



Describe how your organization/program mission and goals align with Magellan’s key initiatives (Suicide Prevention and Intervention; Health, Wellness and Longevity; Crisis Planning; and Clinical Care) and leadership principles (Voice; Family; Outcomes; Race and Equity; Provider Collaboration; and Community Integration). (500 words or less)

Describe your volunteer request (how many volunteers you need; what they will be working on; length of project; location; dates/times; etc.) or in-kind request (what are you requesting; why do you have this need; how will item(s) be used; etc.): (500 words or less)

Describe sponsor benefits to Magellan: (500 words or less)

The following table MUST be completed for the application to be considered:

Sponsor Benefits	Cost	Tax Deductible Cost
<i>Example: 1/2 page ad in program</i>	\$200	

To be considered, complete application packets must be submitted electronically to MaricopaSponsorships@MagellanHealth.com by 5:00 p.m. on the deadline day.