

# Association for Children's Mental Health Statewide Youth Advisory Committee



## Application Form

### Your Contact Information

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

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

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

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

### Diversity Information

The following diversity questions are **VOLUNTARY**; however, please note that the purpose of these questions is to reflect ACMH's commitment to diversity.

Check One:     Male                       Female                       Other

Check One:     American Indian/Alaskan Native                       Black/African American  
                     Hispanic/Latino     Asian/Pacific  
                     White     Other

The committee should be represented by youth with wide ranges of backgrounds, experiences and perspectives. Please let us know anything about your background, experience, perspective, and any unique attributes or assets that you believe will help you bring a variety of knowledge and understanding of different topics to the group.

## Short Answer Questions

Please answer the following questions.

Why are you interested in joining the ACMH Statewide Youth Advisory Committee?

Describe the qualities, traits, and skills that a leader would demonstrate.

The purpose of the council is to increase youth voice and create positive changes in the mental health community. Describe a problem or issue facing youth with mental health challenges. How might youth leaders help?

### **Adult Sponsor Information**

Please indicate the name of a person who you have identified as your adult sponsor.  
Please attach a letter of reference from your sponsor to this form.

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### **Agreement and Signature**

If selected I understand that:

- I will work with ACMH to identify an adult sponsor to support me in Committee Activities.
- Meetings and events may be photographed, videotaped, and tape recorded.
- I am to participate in all Committee activities.
- I am making a commitment to be a leader in my community.

I have reviewed the Committee description, understand the expectation of Committee members, and completed the application as accurately as possible.

Name (printed): \_\_\_\_\_

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

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

### **What to Do Now**

Send this application to:

Krissy Dristy  
Association for Children's Mental Health  
6017 W St. Joe Hwy, Suite 200  
Lansing, MI 48917

Please contact Krissy with any questions at:  
517-643-3314 or [kdristy@acmh-mi.org](mailto:kdristy@acmh-mi.org).