

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.