

Association for Children's Mental Health Statewide Parent Advisory Committee



Application Form

Your Contact Information

Name: _____

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

Family Structure

Check One: Adoptive Biological Foster

Kinship Other

Short Answer Questions

Please answer the following questions.

The committee should be represented by parents/primary caregivers with a wide range 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 wealth of knowledge and understanding of different topics to the group.

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

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

The purpose of the council is to increase parent voice and create positive changes in the mental health community. Describe a problem or issue facing families raising children with mental health challenges. How might giving voice to parents/primary caregivers help?

Reference Contact Information

Please indicate the name and contact information of a person you identify as a reference:

Name _____

Phone Number _____

Email Address _____

Agreement and Signature

If selected I understand that:

- I will work with ACMH to provide an experience-based perspective to advise the children's mental health service providers and system partners.
- Meetings and events may be photographed, videotaped, and/or tape recorded.
- I am to participate in all Committee activities.
- I am making a commitment to advocate for children's mental health support both in my community and statewide.

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:

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

Please contact Laura with any questions at:
517-420-2193 or lmarshall@acmh-mi.org.