ACMH Parent Leadership Camp 2020

APPLICATION
Due Date: November 20, 2020

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| **Name *(First, Last)***  |  |
| **Street Address**  |  |
| **City ST ZIP**  |  |
| **County**  |  |
| **Primary Phone**  |  | [ ]  home [ ]  other (specify)[ ]  cell \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Alternate Phone**  |  | [ ]  home [ ]  other (specify)[ ]  cell \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Email**  |  |

Short Answer Questions

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| 1. **Why are you interested in attending the ACMH Parent Leadership Camp?**
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| 1. **Briefly describe your lived experience as a parent/caregiver of a child with mental health challenges**
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| 1. **Briefly describe your leadership style. What skills or strengths will you bring to this event?**
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| 1. **What do you hope to gain as a result of attending the ACMH Parent Leadership Camp?**
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| **Signature** |  |

Please submit application by **November 20, 2020** to Laura Marshall by e-mail at lmarshall@acmh-mi.org

Space is limited. Participants will be selected individually based on capacity and application responses.