

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: _____

Short Answer Questions

Please answer the following questions. If boxes are not enough room for your answers, please feel free to attach a separate document with your responses.

The Parent Advisory Committee aims to represent families from many different backgrounds, experiences, and perspectives. Please let us know how your journey as a parent/caregiver raising a child/youth with mental health challenges has brought you your own unique experience that has led you to a desire to advocate and represent families of children of emotional, behavioral, or mental health challenges.

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

ACMH PAC members are willing to share their strengths and support each other in the work we do. Describe the qualities, traits, and skills that you would bring to the committee that would contribute to a collaborative team effort.

The purpose of the council is to increase parent voice and create positive changes in the mental health community. Describe how sharing your journey and experience as a parent/primary caregiver can effectively impact change in the problems or issues facing families raising children of emotional, behavioral, or mental health challenges.

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 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 Overview and Description, understand the expectation of Committee members, and completed the application as accurately as possible.

*To review the ACMH PAC Overview [Click Here](#)

Name (printed): _____

Signature: _____

Date: _____

What to Do Now

Send this application to:

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

Please contact Lisa with any questions at:
517-898-5467 or LRomero@acmh-mi.org