

**Region V+ Adult Mental Health Initiative
APPLICATION FOR CONSUMER REPRESENTATIVE**

This form is an application for membership on the Region V+ Adult Mental Health Initiative Executive Committee and full Board of Directors. The Executive Committee will review applications on a monthly basis at the Region V+ AMHI Executive Committee meetings that take place the first Tuesday of every month until filled. This position is for a term of one or two years. The representative selected will be expected to attend all meetings (usually occurring on the first Tuesday of each month from 9:00 am-3:00pm), and if they have two unexcused absences within 12 months, they may be replaced on the Board or Executive committee.

- 1) Full Name:**

- 2) Address:**

- 3) Telephone:**

- 4) Email:**

- 5) List any organizations you are currently involved with, the purpose of your involvement, and the length of time you have been involved.**

- 6) Please state why you are interested in this position.**

- 7) What skills do you possess that would serve you well on this committee?**

- 8) What other qualifications do you have for this position?**

Please list two references and their contact information:

1.

2.

I hereby authorize the Region V+ Adult Mental Health Initiative to contact the individuals listed above to confirm and/or clarify any information regarding my responses to this application. And further, I authorize the individuals listed above as references to answer any questions about my responses to this application or about my participation in public activities in support of persons with a mental health disorder. This authorization is effective for 60 days following the signature date on this application.

Signature of Applicant

Date of Application

Please e-mailed the completed application to danielle.wadsworth@sourcewell-mn.gov