

**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/or 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. 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) Please state why you are interested in this position.**

- 6) Please explain your knowledge of the mental health services in Region V+.**

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

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

9) 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