



Family Advisory Committee Application

Name: _____

Address: _____

Phone: _____ Email: _____

Please answer the following questions:

1. Why are you interested in being a member of the family advisory committee?

2. Can you tell us a bit about your experience supporting a loved one with mental illness?

3. What topics do you feel comfortable offering perspective on regarding your family's experience with mental illness and the mental health system?



4. If you could make changes to the mental health system to positively impact youth mental health, what would you change?

5. Do you have any concerns about your participation in the Family Advisory Committee?

6. Do you have any other comments / opinions / perspectives you would like to share with us?



Canadian Mental
Health Association
Vernon & District
Mental health for all

Signatures

I, _____ am applying to be a part of the Canadian Mental Health Association Vernon and District Branch's Family Advisory Committee. I also acknowledge that this committee comes with responsibilities and a monthly time commitment of a minimum of 2 hours, once per month.

_____ signed on (month/ day/ year) _____

*This committee has a limited number of seats. We thank you for your application and only those that are chosen for interviews will be contacted. We will keep your application and once space becomes available you may be asked to complete an intake form and interview.

Please email completed forms to:

Jenn Millan

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