



Encouraging Healthy Lifestyles

Foundation

Name: _____
Home Address (include city, state & zip code): _____ _____
Home Phone: _____ Cell Phone: _____
Email: _____
Present Employer & Occupation: _____
Education and/or Training: _____ _____
List any organizations you are a member of: _____
Are you willing to submit to a background check? _____

**A consumer is defined as "an individual or family member who has utilized behavioral health or other addiction services from licensed professionals."

Please check all applicable categories below that you would be representing:

- | | | |
|---|---|--|
| <input type="checkbox"/> Behavioral Health Professional | <input type="checkbox"/> Community at large | <input type="checkbox"/> Corrections/Law Enforcement |
| <input type="checkbox"/> Rep. of Behavioral Health Org. | <input type="checkbox"/> Governmental | |
| <input type="checkbox"/> Family of Adult Consumer** | <input type="checkbox"/> Consumer-Mental Health** | |
| <input type="checkbox"/> Community Organization/Agency | <input type="checkbox"/> Family of Child Consumer** | |
| <input type="checkbox"/> Consumer-Substance Use** | <input type="checkbox"/> Advocacy Group | |
| <input type="checkbox"/> Vocational | <input type="checkbox"/> Education | |
| <input type="checkbox"/> Other: Please specify _____ | | |

References – Please list two references - personal or professional (name, address, daytime phone number)

Please responding to the following:

- Describe any relevant experience and knowledge you have in the behavioral health field.
- What will you contribute to this committee?
- What is your primary interest in serving on this committee?
- Do you have any experience in fundraising? If yes, please explain.
- How did you learn about this committee?