

**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 select a consumer representative at their meeting on Tuesday, April 7, 2020 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.

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Signature of Applicant

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Date of Application

**The application must be received by Friday, April 3, 2020. It may be e-mailed to [charitie.herbst@sourcewell-mn.gov](mailto:charitie.herbst@sourcewell-mn.gov), or mailed to AMHI Applications, Sourcewell, Attn: Charitie Herbst, 202 12<sup>th</sup> St. NE, P.O. Box 219, Staples, MN 56479.**