



California Association of Mental Health Peer Run Organizations (CAMHPRO)
Application for Public Policy Committee

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|---------|-------|-----|
| Name | | |
| Address | | |
| City | State | Zip |
| Phone | Fax | |
| E-mail | | |

CAMHPRO Membership: [Check appropriate box]

I am an Individual Member of CAMHPRO.

I am a CAMHPRO member representing a CAMHPRO Member Organization. Name of organization: _____.

Demographics:

Age: [Check appropriate box]

16-25

26-55

56 and above

Gender:

Transgender

Female

Male

Ethnicity/Culture: _____



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Which groups do you identify with and represent? [Check all that apply]

- Advocate
- Caregiver of child with lived experience
- Family member of person with lived experience
- Homeless
- LGBTQ
- Person from an under-served community
- Person of color
- Person with lived experience
- Transitional Aged Youth (TAY: 16 – 25 years old)
- Veteran
- Other: _____

Why do you want to become a CAMHPRO Public Policy Committee member? Please list any groups, committees, business, communities, or organizations with which you could serve as a liaison on behalf of the CAMHPRO Public Policy Committee.

Please list any education, training, or certifications that would assist you as a CAMHPRO Public Policy Committee Member?



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Please list any skills, interests or other attributes that could contribute to your participation on the CAMHPRO Public Policy Committee.

How would CAMHPRO benefit from your involvement on the Public Policy Committee?

Please list any other committees you serve(d) on.

I have read, understood, and agree with CAMHPRO's Public Policy Goals, Issues and Strategies and CAMHPRO's Public Policy Statement of Commitment.

Signature _____ Date _____

Send completed form to:
California Association of Mental Health Peer Run Organizations
870 Market Street, Suite 928, San Francisco, CA 94102.
OR e-mail to: advocacycamhpro@gmail.com
with Re: "PPC Application"



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