



**Canadian Mental
Health Association**
Windsor-Essex County
Empowering Transitions to Wellness

Client & Family-Caregiver Advisory Council Application

Name:	Phone:
Address:	
Email Address:	
Gender:	Male Female

Which perspective will you be able to represent (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Current CMHA Client | <input type="checkbox"/> Rural |
| <input type="checkbox"/> Previous CMHA Client | <input type="checkbox"/> Diverse (cultural, special needs) |
| <input type="checkbox"/> CCHC Client – current or previous | <input type="checkbox"/> Anglophone |
| <input type="checkbox"/> Family Member/Caregiver | <input type="checkbox"/> Francophone |
| <input type="checkbox"/> Urban | <input type="checkbox"/> Other (specify) |

Why do you want to serve on this Council?

What skills and background will you bring to the Council? If you have experience working on other committees, please include this information.

In what areas would you like to help? For example, reviewing client education materials, participating in process improvements etc.

How did you hear about the Client & Family/Caregiver Advisory Council Committee?

Date:

Thank you for your interest. We will be in touch with you shortly.

Please mail or email your application to:

Laura Liebrock
Canadian Mental Health Association, Windsor-Essex County Branch
1400 Windsor Ave.
Windsor, ON N8X 3L9
lliebrock@cmha-wecb.on.ca