



Canadian Mental
Health Association
Sudbury/Manitoulin

Association canadienne
pour la santé mentale
Sudbury/Manitoulin

Individual and Care Partner Advisory Council

Application Form

Thank you for your interest in the Individual and Care Partner Advisory Council. The council is a place for persons impacted by mental health and/or addictions and their care partners to advise and provide recommendations into the Canadian Mental Health Association – Sudbury/Manitoulin (CMHA-S/M) policies, programs and services. Please complete and submit the following application. Successful applicants will be contacted for an interview.

Eligibility

Council members:

- Are 16 years of age or older
- Self-identify in a positive state of recovery
- Are willing to complete the CMHA-S/M volunteer orientation

Name: _____

Address: _____

City: _____

Postal Code: _____

Telephone number(s) where you can be most easily contacted: _____

Email: _____

What is the best way for us to reach you? _____

Tell us a bit about yourself

1. Why are you are interested in becoming an Individual and Care Partner Advisor for CMHA-S/M?



2. CMHA-S/M's vision statement is: "All people participating in a Healthy Society". What does this statement mean to you?

3. CMHA-S/M's values are: people, respect & dignity, relationships & partnerships, diversity, integrity, advocacy, safety & wellness, and innovation. Which one of these values do you connect with the most and why? (Hint: You may want to think about your own experiences with the mental health system, service providers, friends and family members, etc.)

4. Do you have prior experience participating on committees? If so, which committees?

5. Are you able to meet once a month for two hours with the committee? Yes No
If not, how often would you be able to participate in committee meetings?

6. Please check the following as applies to you.

Work full/part time

Retired

Not currently working outside of the home

Student



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7. Do you describe yourself as:

A Person with lived experience/Survivor of mental illness and/or addictions

A Family Member or care partner of a Person with lived experience

8. Do you currently receive services/supports from CMHA? (Your application and participation with the council will not impact the services/supports that you receive.)

Yes

No

9. Are you bilingual (French/English)?

Yes

No

Please review and check before submitting:

I understand that submitting this application and/or being interviewed does not guarantee a position as an Individual and Care Partner Advisor.

I understand that prior to beginning work as an Individual and Partner Care Advisor, I must sign confidentiality forms and complete a volunteer orientation.

I understand that prior to beginning work as an Individual and Partner Care Advisor, I must submit a criminal reference check with vulnerable sector screen.

Name: _____

Date: _____

Please submit your completed application to:

Kayla Belanger

kbelanger@cmha-sm.on.ca

T: 705-675-7252

F: 705-675-7247

Canadian Mental Health Association – Sudbury/Manitoulin

111 Elm St. Sudbury, ON

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