



**Canadian Mental  
Health Association**  
Sudbury/Manitoulin  
*Mental Health &  
Addiction Services*

**Association canadienne  
pour la santé mentale**  
Sudbury/Manitoulin  
*Services de santé mentale  
& de toxicomanie*

## **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?  Phone  Email

### **Tell us a bit about yourself**

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

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2. CMHA-S/M's vision statement is: "Thriving communities that nurture recovery, resilience and hope for all". What does this statement mean to you?

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3. CMHA-S/M's values - CMHA-S/M is: Person-Centred; Inclusive; Equitable; Innovative; Collaborative; Accountable. 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.)

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

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5. Please let us know how you may be able to meet (check all that apply):

- Able to attend monthly two hour meetings
- Able to attend some of the monthly two hour meetings
- Able to review content and provide feedback virtually (email, phone, web-based meetings etc.)



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6. Do you describe yourself as:

- A Person with lived experience of mental illness and/or addictions
- A Family Member or care partner of a Person with lived experience

7. 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

8. 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:**

Carolynn Sheehan  
[csheehan@cmha-sm.on.ca](mailto:csheehan@cmha-sm.on.ca)  
T: 705-675-7252 ext. 259  
F: 705-675-7247  
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