

Advisory Board Membership Application

Name: _____

Date of Birth: ___/___/___

Address: _____ City: ___ St: _____ Zip: _____

Phone #: _____

Email: _____

Preferred Method of Contact:

Email

Text

Facebook

Phone call/Voicemail

Do you have any allergies or special dietary needs? If so, please detail below.

How were you referred to the Board?

Why do you want to be a member of the Board?

Have you been involved with the State Youth Council, NAMI, Allies with Families, or New Frontiers with Families? _____

If yes, How did you participate/What did you do with the organization?

Have you received training on how to share your Story (Strategic Sharing)? _____

If yes, have you had a chance to use this training? How? With Whom?



allies
with families

NAMI
National Alliance on Mental Illness

Utah



NEW FRONTIERS FOR FAMILIES
EMPOWERING FAMILIES TO SUCCEED
P.O. Box 207, Tropic, UT 84776
1-866-897-7322

One way that Youth Advisory Board members can advocate is through talking about their experience with a social service system. With which system do you identify? (circle all that apply)

- Child Welfare/Foster Care
- Juvenile Justice
- Drug Abuse
- Mental Health
- Physical Disability
- Sibling
- Adult Ally (26+)

As a Board, we focus on each other's strengths. What are some of your strengths?

Do you have experience or an interest in any of these areas?

Photography

- Photoshop
- Making/Editing Videos
- Acting

Artistic Designs

- Writing Music
- Performing Music
- Painting/Drawing
- Writing
- Public Speaking

Computer Applications

- Email
- PowerPoint
- Excel/Office

Social Media

- Facebook
- YouTube
- Twitter
- Instagram

Please Return to Michelle Vance @ NAMI-UT

michelle@namiut.org

Fax: 801-323-9799 RE: Youth Advisory Board

