

EXPRESSION OF INTEREST
LOCAL MENTAL HEALTH AND ADDICTIONS ADVISORY COUNCIL
(Castlegar, Boundary, Arrow Lakes, Nelson and Trail Areas)

Please use additional paper if you require additional writing space.

Please contact the Consumer, Family & Peer Support Program (1-877-364-2326) or your local Mental Health and Addictions office if you require assistance in completing this form.

Name _____ Phone _____

Address _____ City _____ Postal Code _____

E-Mail Address _____

1. What is your connection to the Mental Health and Addictions system?

2. Are you a:

Consumer Family Member Both

3. How will you be accountable to the consumers and family members in your area and to the Council?

4. What skill set do you bring to this Council? _____

5. Why do you want to be involved with this Council? _____

6. Are you familiar with Best Practices in Mental Health Reform? _____

7. Please provide 2 references. One of your references should be a health care / service provider.

1. _____ Phone _____

2. _____ Phone _____

**SUBMIT COMPLETED FORM TO YOUR LOCAL MENTAL HEALTH & ADDICTION SERVICES OFFICE OR TO:
JANET LAWRASON, COORDINATOR: CONSUMER, FAMILY AND PEER SUPPORT PROGRAM**

**By mail: TRAIL FAIR SOCIETY
2079 COLUMBIA AVENUE
TRAIL BC V1R 1K7**

**By fax: 1-250-364-1255
By email: mhasupport@trailfair.ca**