**APPLICATION FOR MEMBERSHIP**

**Protection & Advocacy System, Inc. (P&A)**

**PAIMI Advisory Council**

**Return to:**

**7344 Stockman Street**

**Cheyenne, WY 82009**

**1-307-635-7817 wypanda@wypanda.com**

**1-800-654-7972 www.wypanda.com**

**PERSONAL DATA:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town State Zip

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check box(es) that apply:

\_\_\_ Presently Employed \_\_\_ Full-Time \_\_\_\_ Part-Time

\_\_\_ Presently Unemployed \_\_\_ Retired \_\_\_\_ Volunteer

Present or Past Occupation, Profession, or Job Title, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe the paid or volunteer work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are presently employed, will you be able to take time off from work to attend PAIMI Advisory Council meetings?

\_\_\_ Yes \_\_\_ No \_\_\_\_ SOMETIMES

Are you willing to travel to various Wyoming locations, with P&A reimbursement, to attend meetings?

\_\_\_ Yes \_\_\_ No \_\_\_\_ SOMETIMES

**EDUCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OTHER:**

List organizations, boards, commissions, and councils on which you are presently serving or have served in the past: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Briefly describe why you would like to serve on the PAIMI Advisory Council and what you would hope to achieve as a PAIMI Advisory Council Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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Briefly describe any assistance you may need in order to attend PAIMI Advisory Council meetings (such as attendant care, specialized transportation, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please check below what applies to you:

\_\_\_\_Attorney; \_\_\_\_\_ Mental health professional; \_\_\_\_\_ Individual knowledgeable about mental illness; \_\_\_\_Provider of mental health services; \_\_\_\_ Individual receiving or who has received mental health services; \_\_\_\_\_ Individual with a family member receiving or who has received mental health services.

Members of racial or ethnic minority groups are encouraged to apply.

Please disclose any potential conflicts of interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

(Applications will be kept on file for one year)

Federal funding sources require the collection of the following information. Your response is

**STRICTLY VOLUNTARY.**

**ETHNICITY**

Hispanic/Latino \_\_\_\_\_ Non-Hispanic/Latino \_\_\_\_\_ Prefer not to answer \_\_\_\_\_

**RACE**

American Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American \_\_\_\_\_

Native Hawaiian/Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Two or more races \_\_\_\_\_

Some other race \_\_\_\_\_ Prefer not to answer \_\_\_\_\_

**GENDER IDENTITY AND SEXUAL ORIENTATION**

Female/Woman \_\_\_\_\_ Male/Man \_\_\_\_\_ Prefer not to answer \_\_\_\_\_