



## Client and Family Advisory Council MEMBERSHIP APPLICATION

Name:

Address:

Phone:

Email:

**Please note that to be on the Council you must have accessed services, or had a family member access services, at AMHS-KFLA within the past two years. We require this to keep our work relevant to what is currently happening at AMHS-KFLA. You must also be 16 years of age or older.**

**I am:**

- A person who receives services at AMHS-KFLA, or have received services within the past two years
- A family member of a person who is currently receiving services at AMHS-KFLA, or has in the past two Years
- 16 years of age or older

**Which position(s) are you interested in (check all that apply)**

Chair     Co-Chair     Secretary     General Member

**Why would you like to become a member of The Client and Family Advisory Council?**

**Are there any issues that are of particular interest to you (as a client or family member of an AMHS-KFLA client)?**

**Experience & Skills (you may attach additional information):**

**How did you hear about the Client and Family Advisory Council (CFAC)?**

**Emergency Contacts** (Please include at least 1 person who lives with or near to you)

Name	Relationship	Phone	Email
1.			
2.			

**AMHS-KFLA is committed to inclusive and accessible practices. If you require accommodation to fully participate in the Client and Family Advisory Council or recruitment process, please let us know your needs:**

**Language Proficiency**

- Language - English      Level:  elementary       intermediate       advanced  
 Language - French      Level:  elementary       intermediate       advanced  
 Other languages (please specify):

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

**You may submit this form by giving it to your worker, emailing it to [feedback@amhs-kfla.ca](mailto:feedback@amhs-kfla.ca) or send by mail to**

**Client and Family Advisory Council  
c/o AMHS-KFLA  
552 Princess St.  
Kingston, Ontario K7L 1C7**