



Addiction & Mental Health Services | Kingston Frontenac Lennox & Addington  
WELLNESS ACCEPTANCE BELONGING

## Client and Family Advisory Council MEMBERSHIP APPLICATION

**Name:**

**Address:**

**Phone:**

**Email:**

Please note that the council is a space for those with lived experience of mental illness and addiction or for impacted family members. You are not required in the application or during your time on the council to share details of your lived experience beyond your comfort. In this group you will harness your experience to influence the services that others receive.

**Please select all that apply:**

I identify with lived or living experiences of mental illness or addiction

I am an impacted family member of those with mental illness or addiction

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 and what issues are of particular interest to you?**

**What life Experience and Skills do you bring to the committee? (this may include employment, social, communication skills or experience related to your mental illness or addiction, all experience is valuable)**

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



<b>Emergency Contacts Name</b>	<b>Relationship</b>	<b>Phone</b>	<b>Email</b>

**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 1C