**Southeast Washington Regional FYSPRT Tri-Lead Application**

**Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please check ONE or more that apply:**

\_\_\_\_\_I am a youth who has received behavioral healthcare services in Southeast Washington

\_\_\_\_\_ I am a parent of a youth who has received behavioral healthcare services in Southeast Washington

\_\_\_\_\_ I am a System Partner who serves youth who have received behavioral healthcare services in Southeast Washington.

**Please answer these questions honestly and thoroughly.**

1. What brings you to the FYSPRT?
2. From your perspective as a Family/Youth/System Partner, what changes would you like to see in youth serving systems?
3. What strengths can you bring to the FYSPRT Tri-Lead position?
4. What experience do you have advocating for youth and/or families?

**In becoming a Tri-Lead, I understand and testify that:**

* I will represent our region to the best of my ability.
* The voice I bring is that of the people and region that I represent.
* I agree to complete the administrative tasks in a manner that meets the state timelines and requirements stated in the Statewide FYSPRT manual, as explained to me by the FYSPRT Coordinator.
* I will attend and facilitate the Southeast Washington Regional FYSPRT meetings on a monthly basis.
* I will attend and represent the Southeast Washington Regional FYSPRT at the Statewide FYSPRT meetings held quarterly.
* I have read the FYSPRT Tri-lead responsibilities, understand the requirements, and agree to follow them.

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Name Date:

Please return to:

fysprt@gcbh.org

Sherel Webb

Southeast Washington Regional FYSPRT Coordinator

101 N. Edison Street

Kennewick, WA 99336