

**Application for Membership to the Protection and Advocacy  
For Individuals with Mental Illness (PAIMI) Advisory Council**

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

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

County: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

PLEASE CHECK THE ONE THAT APPLIES TO YOU:

\_\_\_\_\_ Mental Health Professional

\_\_\_\_\_ Parent of a child with Mental Illness

\_\_\_\_\_ Advocate

\_\_\_\_\_ Consumer

\_\_\_\_\_ Attorney

\_\_\_\_\_ Service Provider

\_\_\_\_\_ Other (Interested in Mental Health Issues)

Why do you want to serve on the P&A PAIMI Advisory Council?

Will you be able to bring information to the table of the P&A PAIMI Advisory Council?

Will you be able to attend three (3) or more times in a year to P&A PAIMI Advisory Council Meetings?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Have you or are you currently advocating for Mental Illness consumers?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Are you serving on another Advisory Council and/or Boards?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

What are you currently doing in your community to promote Mental Health awareness?

How do you feel you are making a difference in the Mental Health community?

Can you attend the mandatory orientation for new members that is held in July?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Rachel Petit  
PAIMI Program Coordinator  
Protection & Advocacy  
5 Mill Creek Park  
Frankfort, KY 40601