**South East Washington Regional FYSPRT Application for Membership**

**Please check any and all that apply:**

\_\_\_\_\_I am a Youth who has received mental healthcare services in South East Washington

\_\_\_\_\_ I am the parent of a child who has received mental healthcare services in South East Washington

\_\_\_\_\_ I am a System Partner who serves youth who have received mental healthcare services in South East 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 child serving systems?
3. What strengths can you bring to the FYSPRT as a member?
4. Are you interested in learning advocacy and leadership skills?

***Continued on the back of the page***

**In becoming a FYSPRT member, I understand and testify that:**

* I will serve our region to the best of my ability.
* The voice I bring is that of the people and region that I represent.
* I will attend and facilitate the South East Washington Regional FYSPRT meetings on a monthly basis.
* I have read the FYSPRT Membership expectations, understand the requirements, and agree to follow them.

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

Name Date:

Please return to:

Amanda Crawmer

South East Washington Regional FYSPRT Coordinator

acrawmer@lcsnw.org

3321 W Kennewick Ave Suite 150

Kennewick, WA 99336