

Peer-Run Organizational Alliance Project Task Force

If you are interested in serving as a member of PRO AP Advocacy Task Force please complete this form; attach additional sheets if necessary.

Name _____ Date of application _____

Address _____

City _____ Zip Code _____

Telephone (home) _____ (mobile) _____

Email address _____

Occupation _____

Education _____

Do you have regular access to a computer? _____ smart phone? _____

Why are you interested in participating in the Task Force?

What strengths do you bring to this position?

Do you have behavioral health lived experience?

Are you able to travel to a statewide meeting if the expenses are reimbursed?

_____ Signature of Applicant