

Washington Peer Advancement Coalition

If you are interested in serving as a member of WaPAC please complete this form; attach additional sheets if necessary.

Name _____ Date of application _____

Address _____

Telephone (home) _____ (mobile) _____

Email address _____

Occupation _____.

Education _____

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

Why are you interested in participating in WaPAC? _

_____.

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