

CMHA Champlain East - CFCAC Application

Name

Mailing Address

(incl. Postal Code)

Phone Number

Email

Which community do you live in?

Stormont

Dundas

Glengarry

Prescott

Prescott

Which of the following age categories do you fall into?

18 - 24

25 - 39

40 - 59

60 - 80

80+

What is your preferred language? What Languages do you speak? Please check all that apply.

English

French

Other

If you do not feel comfortable communication in either if these, what is your language of communication?



Which of the following best describes you? Please check all that apply.

I have lived experience with mental health and/or addictions....

- as a Client
- as a Family member / friend of client
- as a Caregiver
- as both a client and family member/caregiver

Which CMHA Champlain East programs or services do you, your family, or the person you care for have experience with? Please check all that apply.

Intensive Case Management Services

- | | |
|---|--|
| <input type="checkbox"/> Intensive Case Management | <input type="checkbox"/> Court Diversion/ Pre-charge Diversion Program |
| <input type="checkbox"/> Supportive Housing Program | <input type="checkbox"/> Court Support |
| <input type="checkbox"/> Hoarding Program | <input type="checkbox"/> Supportive Employment / Vocational |
| <input type="checkbox"/> Family Support | |
| <input type="checkbox"/> Youth in Transition | |

Peer Resource Centers

- Social Recreation Activities
- Focus on Fitness
- Support Groups
- Youth Groups

Groups

- WRAP
- FRAP
- Buried In Treasures
- Anger Solutions
- Stress Management



Without sharing any personal health information, briefly describe your experience with CMHA Champlain East and the mental health and/or addictions health services and what unique perspective you would bring to the CMHA Champlain East Client & Caregiver Advisory Council (CFCAC).

Note your comments below or attach on a separate page.

Please indicate your level of commitment in the following areas.

	Yes - or - No
I am passionate about enhancing the client experience	Yes <input type="checkbox"/> / No <input type="checkbox"/>
I am in a healthy place in my own recovery and can actively contribute	Yes <input type="checkbox"/> / No <input type="checkbox"/>
I am open-minded and have a positive attitude	Yes <input type="checkbox"/> / No <input type="checkbox"/>
I am comfortable speaking in front of others	Yes <input type="checkbox"/> / No <input type="checkbox"/>
I am comfortable speaking with others about the mental health and/or addictions services, programs and/or care I accessed as part of my own	Yes <input type="checkbox"/> / No <input type="checkbox"/>



Please indicate your experience in the following areas. If “yes”, please provide a brief description of your background and experience.

Area of Experience	Yes - or - No	Description
Sitting on a formal or informal advisory council or committee.	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Leading a group or committee (e.g., parent-teacher association).	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Specialised areas of expertise (e.g., process improvement, quality, education, strategic planning, communications, marketing)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Working within the health care sector (e.g., mental health, addictions, children & youth, seniors, complex care, long-term care, or work within a community agency).	Yes <input type="checkbox"/> / No <input type="checkbox"/>	

Please let us know if you require any specific accommodation needs in order to participate on the Committee. If you prefer to discuss this with someone, we can contact you directly - please let us know below when is best to reach you?



Which of the following times are you available to attend in-person quarterly meetings?

Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Weekday Mornings (e.g. 9am-11am) | <input type="checkbox"/> Weekday Later Afternoon (e.g. 4pm-6pm) |
| <input type="checkbox"/> Weekday Mid Days (e.g. 11am – 1pm) | <input type="checkbox"/> Weekday Evenings (e.g. 7pm-8pm) |
| <input type="checkbox"/> Weekday Early Afternoons (e.g. 1pm-4pm) | |

Please let us know if you have access to the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> Cell and/or Home Phone | <input type="checkbox"/> Internet Access | <input type="checkbox"/> Personal E-Mail |
|---|--|--|

Please check to indicate that you are willing to actively participate in on going CFCAC initiatives for the next 2-year term.

Please check to indicate that you are agree to the CMHA Volunteer policy which requires all active volunteers to submit a police record and vulnerable sector screening.



Canadian Mental
Health Association
Champlain East
Mental health for all

Association canadienne
pour la santé mentale
Champlain Est
La santé mentale pour tous

Resume and Cover Letter

In addition to completing the above, you may also wish to attach a current copy of your resume (if applicable) and cover letter for consideration.

Please mail or drop of your application in person:

Cornwall Office:

**Attn: Communications / CFCAC Committee
CMHA Champlain East
329 Pitt Street, Cornwall, ON K6J 3R1**

Hawkesbury Office:

444 McGill Street #101
Hawkesbury ON
K6A 1R2

Casselman Office:

663B Rue Principale
Casselman ON
K0A 1M0

**We thank you for your interest and in taking time to complete this application.
Only those applicants meeting the CFCAC criteria will be
interviewed for potential membership.**

Mental health for all