This form should be completed by persons eligible and interested in serving on the Protection and Advocacy for Individuals with Mental Illness (PAIMI) Advisory Council, which provides input and recommendations in the planning, development, and operation of a statewide protection and advocacy system for individuals with mental illnesses – The Protection & Advocacy Project (P&A).

Applications will be accepted from attorneys, mental health professionals, individuals from the public who are knowledgeable about mental illness, providers of mental health services, individuals who have received or are receiving mental health services or who are family members of such individuals, including a family member who is a primary care giver for a minor child or youth who is receiving or has received mental health services.

The Protection and Advocacy Project and its governing board shall select the Council members from the eligible applicants. Council members will be reimbursed travel expenses at state rates to attend meetings. Applications should be submitted to: Protection and Advocacy Project, 400 East Broadway – Suite 409, Bismarck, ND 58501-4071; fax: (701) 328-3934; e-mail: panda@nd.gov.

Name: ___________________________ E-mail: ___________________________

Address: ___________________________ Street ___________________________ City ________ State ________ Zip ________

Telephone: ___________________________ Home ______________ Work ______________ Cell ______________

I am interested and eligible to serve on the Protection and Advocacy for Individuals with Mental Illness Advisory Council because I am: (mark all that apply)

☐ An attorney
☐ A mental health professional
☐ Knowledgeable about mental illness
☐ A provider of mental health services
☐ A present or past recipient of mental health services
☐ A family member of an individual who has or is receiving mental health services
☐ A family member who is a primary care giver for a minor child or youth who is receiving or has received mental health services
Describe any relevant educational, volunteer, work, or personal experiences to explain the items you checked in the above question (e.g., if you checked “knowledgeable about mental illness,” explain what qualifies you in this way):

Describe why you are interested in serving on this council:

Explain any special accommodations you may need to participate as a council member:

List three references who could verify your eligibility and ability to serve on this council:

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If selected to serve on the Protection and Advocacy for Individuals with Mental Illness (PAIMI) Advisory Council, I will commit myself to active, involved participation on the council, to promote the human, civil and legal rights of individuals with mental illness, and to execute my duties in a manner consistent with this pledge.

Signature

Date