KANSAS MENTAL HEALTH COALITION

Grassroots Advocacy Network: Kansas Voices for Mental Health
Application Form

Name _____

Home Address _____

City _____ **State** _____ **Zip** _____

Phone: _____ **Email (Required)** _____

County _____

Kansas House District # _____ **Kansas Representative** _____

Kansas Senate District _____ **Kansas Senator** _____

Congressional District # _____ **U.S. Representative** _____

If you do not know the names of your legislators or the district numbers, you can use the following link to identify your elected officials by entering your address information: www.votesmart.org.

☐ **I am interested in serving as an advocate in my legislative district with all policy makers and in the roles described in the cover letter.**

1. **Have you participated in formal advocacy training? ☐ Yes ☐ No**

   If yes, please describe.

   _____

2. **Have you participated in Mental Health Advocacy Day at the Capitol on one or more occasions or any other organized lobby day? ☐ Yes ☐ No**

3. **Have you met with or spoken to either your state Representative or state Senator either at the Capitol or in their district in the last two years? ☐ Yes ☐ No**

4. **In the last two legislative sessions, please indicate how many times you have communicated with one or more legislators on mental health issues either in person, by telephone, letter or e-mail.**

   _____

5. **Why are you interested in being part of this project?**

6. What strengths would you bring to the program?

7. What experiences with disability issues are you able to bring into your conversations with policy makers?

8. Being a part of this project requires a time commitment: a one day training session for advocates. The project requires a willingness to review briefing materials and to use that information to communicate with policy makers both during legislative sessions and throughout the year.

Do you have the time and are you willing to make this commitment? ☐ Yes ☐ No

9. Please share any additional information that describes why you are a good candidate for involvement with this project.

10. Please provide contact information for an individual who is knowledgeable about your interest and abilities relative to this project and who would be willing to serve as a reference.

Name _____

Phone: _____ Email _____

_____ _____

Signature of Applicant **Date**

Please Return Completed Application to:

NAMI Kansas · PO Box 675 · Topeka, KS · 66601 · 785-233-4804 (FAX)