

ADVISORY COUNCIL APPLICATION

The Virginia Office for Protection and Advocacy (VOPA) sponsors two Advisory Councils: Protection and Advocacy for Individuals with Mental Illness (PAIMI) and the Disabilities Advisory Council (DAC). Council memberships must reflect the diversity of Virginia's many cultures and disability communities as well as geographic regions. These Councils provide input to VOPA about problems faced by persons with disabilities and suggest areas in which VOPA might focus its work. Council members are reimbursed for their travel, meal, and hotel expenses according to State policies and procedures.

FIRST NAME		LAST NAME
STREET		Apt.
CITY	STATE	ZIP CODE
DAY TIME TELEPHONE		EVENING TELEPHONE
E-MAIL ADDRESS:		

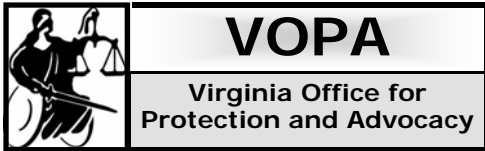
GENERAL INFORMATION

List groups/organizations that you are a member of and identify your role or accomplishments in the group(s)

What opportunities have you had to help improve disability-related services?

Why do you want to serve on a VOPA Advisory Council?

If you have other skills, talents, experience or education you feel would help the Councils in their activities, please share that here.



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Which Council would you like to serve on? Please check all that apply.

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> PAIMI Advisory Council I am: <input type="checkbox"/> Recipients/Former recipients of mental health services <input type="checkbox"/> Family member of recipients/former recipients of mental health services <input type="checkbox"/> Family member of a minor child or youth (under 18 years old) who has received or is receiving mental health services <input type="checkbox"/> Mental health service provider <input type="checkbox"/> Mental health professional <input type="checkbox"/> Attorney <input type="checkbox"/> Individual knowledgeable about mental illness | <ul style="list-style-type: none"> <input type="checkbox"/> Disabilities Advisory Council I am: <input type="checkbox"/> Recipients/Former recipients of disability related services <ul style="list-style-type: none"> <input type="checkbox"/> Developmental disability <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Physical disability <input type="checkbox"/> Sensory disability <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Family member of recipients/former recipients of disability related services
→ Please identify disability: <input type="checkbox"/> Family member of a minor child or youth (under 18 years old) who has received or is receiving disability services
→ Please identify disability: <input type="checkbox"/> Disability related service provider
→ Please identify disability: <input type="checkbox"/> Disability related professional
→ Please identify disability: <input type="checkbox"/> Attorney <input type="checkbox"/> Individual knowledgeable about disabilities |
|---|--|

Currently, the Council meets four times a year usually in Richmond. In addition, Council members may be asked to serve on Committees appointed by the VOPA Governing Board.

Will you be able to commit to attending the meetings? (Circle one) YES NO

Applicant:

Signature

Date

Return application to: Virginia Office for Protection and Advocacy
 Deputy Director
 1910 Byrd Avenue, Suite 5
 Richmond, VA 23230

Telephone: (Voice/TTY) 804-225-2042
 (Toll free in Virginia) 1-800-552-3962
Fax: 804-662-7057
E-Mail: general.vopa@vopa.virginia.gov

Please contact VOPA if you need help completing this application