

# **Bexar CARES Governance Council Individual Membership Application**

**Type of membership requested:**  Council Member  Stakeholder  
(Please complete the section below. Attach additional pages as necessary.)

**Bexar CARES (Coordinated Access to Resources Equals Success)** is looking for parents who have experience raising a child with mental health needs to become members of the Bexar CARES Governance Council (BCGC). The role of the BCGC is to guide the development and implementation of a System of Care (SOC) grant. If you are interested in working to create a System of Care in Bexar County, please fill out the information below and submit it to F. Leanne Lindsey: [flindsey@chcsbc.org](mailto:flindsey@chcsbc.org)

**Application Date:** \_\_\_\_\_

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

In just a few sentences tell us about your experiences, if any, in advocacy for children's mental health.

What experience, if any, have you had working in a large task group?

What do you think that you would need from us to support you in doing this work? For example are you in school, need a flexible schedule, have limited access to internet, limited cell phone minutes, etc.

Tell us about your reasons for wanting to get involved with Bexar CARES.

Do you have family members who are affected by mental illness?

I am a: Consumer \_\_\_\_ Caregiver: \_\_\_\_ MH Professional: \_\_\_\_ Other: \_\_\_\_\_