

Indiana Federation of Families for Children's Mental Health

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Application to Join IFFCMH Board of Directors

Name _____

Address _____

City, State, ZIP _____

Home Phone _____ Best Time to Call _____

E-mail Address _____

Are you the parent of a child who has been diagnosed with a mental health condition? _____

Are you a member of a support group for parents? _____

If so, what is the group and where does it meet? _____

If so, how long have you been active in this group? _____

Are you a mental health professional? _____

If so, what is the nature of your work? _____

On the back of this form or on a separate sheet of paper, please tell us a little bit about yourself. We would like to know about your experiences with schools and service providers in the children's mental health field. How much time would you be willing to give to IFFCMH's efforts to form support groups, attend meetings, etc? What skills do you have which would help our group? And anything else you'd like to add.

When complete, either fax or mail this form to us at the number/address at the top. Thank you!

IFFCMH welcomes diversity. No one will be discriminated against on the basis of race, gender, age, ethnicity, or sexual orientation.