

## ECMHSP Policy Council Community Representative Nomination Form

I \_\_\_\_\_ would  
Name

like to nominate \_\_\_\_\_ for the  
(Name of individual being nominated)

position of Community Representative on the ECMHSP Policy Council.

This individual meets the \_\_\_\_\_ criteria for the  
(Criteria category: Education, Legal, Grower/Farmer, Former parent, Advocate)

Policy Council term of FY 2021 –2022.

Nominee Information	
<b>Name</b>	
<b>Profession</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Phone Number</b>	

Nominator Information	
<b>Name</b>	
<b>Program and/or Department</b>	
<b>Position Title</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Phone Number</b>	
<b>Method by which you can be contacted (e-mail, cell phone, etc.) and preferable time to be contacted</b>	

