

## **ECMHSP Policy Council Community Representative Nomination Form**

	Name -	would
	Name	
like to nominate		for the
-	(Name of individual being nominated)	_
position of Community Representative on the ECMHSP Policy Council.		
This individual meets thecriteria for the (Criteria category: Education, Legal, Grower/Farmer, Former parent, Advocate)		
Policy Council term of FY 2021 –2022.		
Nominee Information		
Name		
Profession		
Address		
City, State, Zip		
Phone Number		
Nominator Information		
Name		
Program and/or		
Department		
Position Title		
Address		
City, State, Zip		
Phone Number		
Method by		
which you can		
be contacted (e-		
mail, cell		
phone, etc.) and		
preferable time to be contacted		
to be contacted		



Nominee Narrative		
Please have the <b>nominee</b> complete this section by describing the qualities that they have which will assist them in making a valuable contribution to the Policy Council as a candidate for the position of Community Representative.		
Note: If possible, please attach resume of Nominee		
If elected, will you be able to serve a full 1 year term? Yes ( ) No ( )		
Signature of individual submitting nomination  Date		