

APPLICATION FOR FAMILY ADVISORY NETWORK

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Ν	Name:	Date:
Address:		
City: Postal Code:		
Email address:		
1.	I am: A parent or guardian of a child/youth who is receiving or who has received so A sibling of a child/youth who is receiving or who has received services from An extended family member who is receiving or who has received services a A client currently receiving services from JMCC A past JMCC client	JMCC
2.	As a member of the Family Advisory Council, I would be interested in (check all that apply): Being a part of a council (working with senior leadership to build a strategic framework for family engagement 4 -6 meetings a year) Short-term committee work Web-based support/input (reviewing documents, sections of our website, etc.) Short-term projects (being part of research initiatives, providing input into new programs or changes to service delivery models) Sharing my experiences (being part of staff and board member training, hiring, parent orientations)	
3.	When are you available for meetings? ☐ During the day ☐ In the evening	
4.	Why would you like to contribute as a family advisor?	
5. What are some of the specific things that JMCC is doing well to help children, youth and their families?		
6.	What are some of the things you would like to see us do differently to better serve	e children, youth and their families?
7.	Do you have any specific experience in the following? (check all that apply) Cultural sensitivity Family-centred care Public speaking Serving on a Board Communications Fundraising Event Planning	

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1/1