

**Portland's Committee on Community-Engaged Policing
Subcommittee for People with Mental Illness**

Application for Subcommittee Membership

Name _____

Mailing Address _____ City / State / Zip _____

Phone _____ Email address _____

Questions

Do you identify yourself as a person with a mental illness or in recovery from addiction or alcoholism?

Why do you want to join the Subcommittee for People with Mental Illness?

Tell us something interesting about yourself.

Responsibilities for Subcommittee members are to meet monthly for two hours on selected weekday evenings, be available to read documents, articles, and reports for up to three hours a month, and to respond promptly to all email and telephone correspondence. Can you commit to these responsibilities for a term of two years?

Please attach your resume, CV, biographical statement, referrals, letter of interest, photograph or other materials the co-chairs should take in consideration of this application. Return applications and materials to Patrick.Nolen@portlandoregon.gov