



Lived Experience Advisory Board Application

Volunteer Applicants for Friends of the Family shall be afforded equal opportunity in all aspects of volunteering without regard to race, color, religion, national origin, disability, political affiliation, sex, age or sexual orientation.

Applicant Information

Date of Application:

Name:

<input type="text"/>		
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>

Preferred Name:

Preferred Pronouns:

Address:

<input type="text"/>		
<i>Street Address</i>	<i>Apartment/ Unit #</i>	
<input type="text"/>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>

Phone:

Email:

Emergency Contact:

<input type="text"/>		
<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>

Have You Experienced:

- ☐ Homelessness ☐ Domestic Violence/ Sexual Assault/ Human Trafficking

Do You Have the Ability to Commit 1 Hour Per Month?

- ☐ Yes ☐ No

Are You Able to Arrange Transportation To and From the Board Meetings?

- ☐ Yes ☐ No



Have You Received Services from Friends of the Family in the Past 12 Months?

☐ Yes ☐ No ☐ Unsure

Do you require accommodations in order for your to fully be able to participate in the board?

Availability

**Available Start
Date:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times Available						

Interest

What Motivated You to Be Part of the Lived Experience Advisory Board?

What Do You Hope to Gain From Involvement with the Lived Experience Advisory Board ?



Please Leave Any Questions, Concerns or Comments Below:

**A Friends of the Family Staff Member will Reach Out Shortly. Thank You for Your Interest
In Joining Our Lived Experience Advisory Board.**