



Parents for Children's
Mental Health

SUPPORT. EDUCATE. EMPOWER.

Chapter Leader Application Form

Name:

Phone:

Address:

Email:

How did you hear about Parents for Children's Mental Health?

Why do you want to be a Chapter Leader with Parents for Children's Mental Health?

Please share your experiences with supporting someone with a mental health disorder / illness.

What skills or abilities do you have that you could use in your role of supporting families?

Please share your experience in supporting or managing volunteers.

Please share your experience with being part of community committees. Please list any committees you have been involved in.

Thank you for your interest in the position of PCMH Chapter Leader.

Once you have completed this form, please save the file and email to admin@pcmh.ca with subject line: Chapter Leader Application.

Thank you.

www.pcmh.ca