Hello:

The Kansas Mental Health Coalition needs your help! We are asking our members to let us know of your interest and ability in helping with KMHC needed functions.

1. KMHC brings in speakers monthly who can present on topics of interest to our membership.

Do you have topics/speakers that you would recommend? \_\_\_\_\_Yes \_\_\_\_\_No

My speaker recommendations are as follows:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information/Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. KMHC regularly updates our members about state initiatives which impact the lives of Kansans with mental illness. This requires attendance at legislative committee meetings and other committees which are open to the community. Attendance at the meetings is critical to ensuring our membership get accurate and up-to-date information. Could you be called upon to attend meetings &/or are there meetings you are already attending that you would be willing to report on the activities of the meeting to Amy? \_\_\_\_\_\_Yes \_\_\_\_\_No

I am already attending the following:

1. A representative of KMHC may be asked to give testimony on an issue coming before a legislative committee. Would you be willing to give testimony? \_\_\_\_\_Yes \_\_\_\_\_No
2. Consensus papers on relevant issues are written/revised annually. Would you be willing to assist in this effort? \_\_\_\_\_Yes \_\_\_\_\_No
3. The Grassroots Advocacy Network trains legislative advocates who can talk to their representatives about current issues. Would you be willing to host a training event?

\_\_\_\_\_Yes \_\_\_\_\_No

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_