



# Application for Membership on (choose):

- ☐ Legislative & Advocacy Committee (LAC)  
☐ Consumer Advisory Panel (CAP)

The Lakeshore Regional Entity (LRE) Board appoints individuals who are served by its services to advise the organization on matters related to legislation, advocacy and consumer engagement.

## Contact Information

Name	John M Weerstra
Street Address	1260 Lincoln Rd Lot 19
City ST ZIP Code	Allegan MI 49010
Cell Phone	616 422 6693
Home Phone	
Work Phone	
E-Mail Address	weerstra1971@gmail.com

## Regional Representation

The LRE seeks representation from individuals in the following locations. In which area do you reside?

- ☒ Allegan County (served by Allegan CMH) ☐ Lake County (served by West Michigan CMH)  
☐ Kent County (served by Network180) ☐ Oceana County (served by West Michigan CMH)  
☐ Muskegon County (served by HealthWest) ☐ Mason County (served by West Michigan CMH)  
☐ Ottawa County (served by Ottawa CMH)

## Interest in Serving

The LRE seeks individuals with lived experience who are willing to serve. Please share your areas of expertise, checking all that apply:

- I am: ☒ a ☒ Primary or ☐ Secondary Consumer ☐ LRE Board Member  
☐ Service Provider (agency) ☐ Community Member/Representative

## Consumer Population Relationship:

- ☐ Services for persons with Developmental or Intellectual Disabilities  
☒ Services for persons with Mental Illness  
☐ Services for persons with Serious Emotional Disturbance (children)  
☒ Services for persons with Substance Use Disorders  
☐ Other services (describe):

## Time Commitment

Both the LAC and the CAP meet a minimum of 6 time per year\*. We request that you commit to attending at least 4 of these 6 meetings. Can you make this commitment? Please note that attendance by teleconference is also available.

- ☒ Yes ☐ Yes, with accommodation ☐ No

\*Meeting frequency may vary as agreed upon by the committee.

### Special Skills or Qualifications

Summarize special skills, qualifications, or interests you have acquired from employment, previous volunteer work, or through other activities.

I have been involved with CMH for 30 yrs as a consumer

### Previous Board/Committee Experience

Please tell us about your previous experiences serving on boards or committees.

Horizon Circle of Friends Board  
Allegan County Community Mental Health Board  
Recipient Rights Advisory Committee

### How Did You Hear About Us?

From a current LAC/CAP Member (Their name: \_\_\_\_\_)  
☒ CMH/Customer Services \_\_\_\_\_ Social Media  
\_\_\_\_\_ CMH Website \_\_\_\_\_ LRE Website  
\_\_\_\_\_ Other: \_\_\_\_\_

### Person to Notify in Case of Emergency (optional)

Name	Sharon Weerstra
Street Address	74 Old Mill Dr unit 11
City ST ZIP Code	Holland MI 49423
Home Phone	616 786 7430
Work Phone	
E-Mail Address	

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an LAC or CAP member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	John M Weerstra
Signature	John M Weerstra
Date	2-26-20

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

When finished – please return form to the Customer Services representative of your area CMH – Cathy Haas agency, or submit to the LRE at 5000 Hakes Drive, Suite 250, Norton Shores MI 49441