



## Family Leadership Network

### Application Instructions



Thank you for your interest in a position with the Family Leadership Network. The network is made up of two representatives from each of the ten Michigan Prosperity regions. Representatives should have personal experience as a parent, guardian or caregiver of a child or young adult (up to age 26) with a disability or other special needs; or be a youth (18 or older) with a disability or other special needs.

The Family Center for Children and Youth with Special Health Care Needs and Michigan Family to Family Health Information Center are committed to building a network that represents the rich diversity and culture of our state.

We value everyone's voice and it is our intent to provide inclusive participation. Let us know how we can support you to participate, such as assistance with telephone access, assistive technology, transportation or other accommodations.

If you have any questions regarding the application process, please call the Family Phone Line at: **800-359-3722** and ask to speak with a Parent Consultant.

**Please complete and return the following via mail, fax or email:**

- Applicant information form
- Your response to the six questions
- A letter of support from any previous board/ workgroup/ volunteer experience or other community involvement

**Mail:**

Family Center for CYSHCN  
Lewis Cass Building  
6th Floor  
320 S. Walnut St.  
Lansing, MI 48913

**Fax:** 517-241-8970

**Email:** [cshcsfc@michigan.gov](mailto:cshcsfc@michigan.gov)

Once received, your application will be reviewed and considered based upon the Family Leadership Network position description. You will be updated on your status as soon as a decision is made.



# Application for Family Leadership Network



## Applicant Information Form

Name: \_\_\_\_\_ Are you age 18 or older?  Yes  No

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ County: \_\_\_\_\_

Region #: (see attached Michigan Prosperity Region map) \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Preferred method of contact?  Phone  Email

The following questions are voluntary. We use this information to improve our outreach to ensure we meet our goal of recruiting families that represent the diversity of our state.

Race: (please check all that apply)

- |  |  |
|--|--|
| <input type="radio"/> American Indian/Alaskan Native   | <input type="radio"/> Black/African American |
| <input type="radio"/> Hawaiian Native/Pacific Islander | <input type="radio"/> White/Caucasian        |
| <input type="radio"/> Asian                            | <input type="radio"/> Other                  |
| <input type="radio"/> Prefer not to answer             |  |

Ethnicity:

- Hispanic  Non-Hispanic

Preferred Language: \_\_\_\_\_

How did you hear about this opportunity? \_\_\_\_\_



## Application for Family Leadership Network



**Please answer the following six questions:**

1. Why are you interested in serving on the Family Leadership Network?

2. Briefly highlight your experience(s) as a young adult with a disability or special health care need or as a parent/caregiver of a child or youth with a disability or special health care need:

3. How will your experience contribute to the Family Leadership Network?



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4. Share your experience(s), if any, working in a leadership capacity. This can include leadership within your family, community, school, employment and/or community organizations:

5. Each Family Leadership Network participant will provide input and recommendations on issues and priorities within their region. In what way does your experience(s) prepare you for this role?

6. Membership on the Family Leadership Network requires attendance on quarterly conference calls and one in-person meeting per year. Are you able to meet this requirement?

Yes  No

Please use the space below or an additional sheet if you would like to share anything more about yourself: