



BEHAVIORAL HEALTH INTEGRATION PROJECT VOLUNTEER APPLICATION

Name: _____

Street Address: _____ Apt: _____

Town/City: _____ State: _____ Zip: _____ County: _____

Primary Phone: _____ cell home work

Email Address: _____

Do you have access to your own transportation? Yes No

Are you able to commit to attending our meetings once a month on the designated date, time and location? Yes No

Please use the next few lines to provide a brief description about your advocacy interests, personal experiences, and/or reasons for being a part of the Behavioral Health Advocacy Leadership Teams.

Submit application to Cynthia Spadola, MHANJ, Community Advocate, at cspadola@mhanj.org. If you have any questions, please call Cynthia at 973-571-4100 ext. 133.