

**Portland's Committee on Community-Engaged Policing  
Subcommittee for People with Mental Illness**

Application for Subcommittee Membership

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

**Questions**

Do you identify yourself as a person with a mental illness or in recovery from addiction or alcoholism?

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Why do you want to join the Subcommittee for People with Mental Illness?

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Tell us something interesting about yourself.

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Responsibilities for Subcommittee members are to meet monthly for two hours on selected weekday evenings, be available to read documents, articles, and reports for up to three hours a month, and to respond promptly to all email and telephone correspondence. Can you commit to these responsibilities for a term of two years?

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*Please attach your resume, CV, biographical statement, referrals, letter of interest, photograph or other materials the co-chairs should take in consideration of this application. Return applications and materials to [Patrick.Nolen@portlandoregon.gov](mailto:Patrick.Nolen@portlandoregon.gov)*