

The Crisis Center

Client Advisory Committee Application

Thank you for your interest in serving on The Crisis Center Client Advisory Committee. This is a committee meant to gather past, current, and potential client perspectives into the programs and activities of The Crisis Center. As there are openings on the committee, you will be contacted. **Please complete the information below and return to The Crisis Center offices or photograph/scan and email your application to becci.reedus@jccrisiscenter.org.**

First Name: _____ Last Name: _____

Address: _____

City: _____, Iowa Zip Code: _____

Phone: (_____) _____ Email: _____

Which of The Crisis Center services have you utilized in the past (or currently utilize)?
(select all that apply)

Food Bank Emergency Assistance Mobile Crisis Crisis Chat (phone/text/online)

Which day(s) of the week would you be able to attend for an evening meeting (from 6:00-8:00PM with dinner provided)? *Meetings would occur once every 2-3 months.*

MONDAY TUESDAY WEDNESDAY THURSDAY

If you were to be selected for the committee, would you need any special assistance or accommodations to be able to attend the meetings? *If yes, please explain.*

Why are you interested in participating in the Advisory Committee?

Please share some information about your personal life experiences that might help you represent others in similar situations.