INDIVIDUAL AND FAMILY ADVISORY BOARD APPLICATION

FAMILY VERSION

**FOR ELECTRONIC USE**

Name: Click here to enter text.

Address: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

Preferred method of contact: Click here to enter text.

Occupation: Click here to enter text.

Relationship to an individual who receives services from Prime Care: Click here to enter text.

Previous board or committee experience: Click here to enter text.

Why are you interested in being a part of our Family Advisory Board? Click here to enter text.

Do you have any special strengths or skills that you feel will contribute to the board? Click here to enter text.

Please email completed application to

Andrea M. Foote

(585) 397-0087

[andrea.foote@primecareny.org](mailto:andrea.foote@primecareny.org)