

**AllHealth Network Client Advisory Board Application Form**

Thank you for your interest in the AllHealth Network Client Advisory Board. Applicants must:

- have experience as a client of AllHealth network in the past 2-3 years, including current clients
- Directly involved family members of current/ past clients.
- Community members who have frequent direct experience with AllHealth services may also be considered.
- Commit to a minimum of 1 year-term with availability to attend a minimum of one meeting a month.

**Full Legal Name:****Email Address:****Phone Number:****Why are you interested in joining our Advisory Board?**

*Write 2–4 sentences outlining your motivation and connection to AllHealth Network's mission.*

**What unique skills, experiences, or perspectives would you bring to the board?**

*Briefly list 2–3 key strengths or relevant experiences*

At AllHealth Network, **ALL** of us are here to support your growth and recovery, **TOGETHER**.

Counseling  
Group Therapy  
Psychiatry  
Pharmacy  
Substance Abuse Treatment

School-Based Services  
24/7 Crisis Services  
Acute Treatment Unit  
Crisis Stabilization Unit  
Community Wellness Services

Care Navigation  
Case Management  
Psychosocial Rehabilitation  
Employment Support  
Community Engagement

**DO NOT SCAN**



www.allhealthnetwork.org  
116 Inverness Drive East, Suite 105  
Englewood, CO 80112

Information & Appointments: 303-730-8858  
Emergency & Crisis Intervention: 303-730-3303

**Have you served on any boards or committees before? If so, please describe.**

*Include names of organizations, roles, and dates if applicable.*

**Availability for Meetings and Engagements:**

*[Weekly / Monthly / Quarterly – Select as appropriate or add specific scheduling constraints.]*

*Optional—use this space for personal touches, enthusiasm, or unique contributions.*

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