



Please complete the following. We appreciate your participation in the partnership!

| | |
|--------------------------------|--|
| Name: | |
| Company / Organization: | |
| Email: | |
| Telephone: | |

Workforce Committee:

- I am interested in participating on a region wide advisory committee.

PASSR Committee:

- I am interested in participating on this advocacy committee.

Behavioral Health Committee

- I am interested in mental health first aide education to the community
- I am interested in more services for kids (pre-birth through college)
- I am interested in providing mental health support through telehealth
- I am interested in supporting efforts to establish a detox center in Larimer County

Outreach & Awareness Committee:

- I am interested in participating on the Health Sector Partnership Outreach & Awareness committee.
(marketing, promotion and public relations for the partnership)

Why I am interested in Health Sector Partnership events and meetings:
