## MMIR Advisory Council Application

Please complete the form below. Then, mail it to the address above or email it to MMIR Director Juliet Rudie.

## Name:

$\qquad$

Home Address:

City: $\qquad$ State: $\qquad$ Zip: $\qquad$
Email: $\qquad$

Home Phone: $\qquad$ Cell Phone: $\qquad$

Our goal is to have the advisory council reflect tribes and tribal community members/family members impacted by MMIR. Please identify yourself for these purposes.
$\square$ Violence Prevention Professional
$\square$ Community Member
$\square$ Health Care Professional (Nurse, Doctor, etc.)
$\square$ Other $\qquad$

1. Why do you want to serve on the MMIR Advisory Council?
2. What experience and skills will you bring to the MMIR Advisory Council?
3. Describe issues you believe the MMIR Advisory Council should address.
4. Will you be available to travel? 〇 Yes $\bigcirc$
5. Do you have technology to attend virtual meetings (via Microsoft Teams, Zoom)?

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6. Can you meet during the day? 〇 Yes $\bigcirc$ No If so, please list your availability: $\qquad$
7. What is your after-hours availability? $\qquad$

