



Youth and Family Training Institute

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## **Youth and Family Training Institute Advisory Board Application for Family Members**

The following questions ask for some personal information about you. It is important Advisory Board members represent the diversity of Pennsylvania as well as including those who have a significant and extensive understanding of the behavioral health system. This information is confidential and will not be shared with anyone except the Advisory Board. Thank you for your interest.

**Your name:**

**Mailing address:**

**Daytime telephone number:**

**Evening telephone number:**

**Best time to call you:**

**E-mail address:**

- 1. How old is the child (children) with behavioral health issues that you are raising?**
- 2. Tell us about some of your experiences in dealing with the behavioral health and other child serving systems (i.e. education, child welfare, juvenile justice etc.).**



**7. Briefly describe any experiences or other skills you have that would benefit this Advisory Board:**

**8. Please complete the following information about yourself:**

**a. County and community where you live:**

**b. Ethnicity:**

**African American/Black**

**American Indian/Native Alaskan**

**Asian**

**Caucasian/White**

**Hispanic**

**Other, please describe:**

**c. Gender**

**Male**

**Female**

**Prefer to self-describe as:**

**Prefer not to say**

**d. Are you currently employed outside of the home?**

**Yes**

**No**

**e. If yes, where do you work and what do you do?**

**f. Is there anything that will prevent you from attending or participating in meetings?**

**Please describe:**

**g. How did you hear about this opportunity?**

Please email your completed application to:

Laurie Jones

Co-Administrator, Youth and Family Training Institute

[joneslh@upmc.edu](mailto:joneslh@upmc.edu)