



Advisory Council Membership Application

Please send completed applications to Marsha Obremski, Director of Operations

Email: MObremski@colonialbh.org **Fax:** 757-253-4208 **Mail:** 473 McLaws Circle, Williamsburg, VA 23185

Name:

Home Address:

City, State, Zip Code:

Home Phone Number:

Cell Phone Number:

Email Address:

Preferred Method of Communication:

- Call Text Email

Locality of Residence: (please check one)

- James City County City of Poquoson City of Williamsburg York County

Please check one of the following to confirm eligibility:

- Individual receiving the following services:
 Family member of _____ (Individual's name) who is receiving the following services

What knowledge skills/experience would you bring to the council?

Please check all that apply:

- Business Quality Management
 Community Outreach/Marketing Social/Human Services
 Human Resources Other:

Advisory Council Meetings – do you have a preference as to how/when the council will meet?

Please check all that apply:

- During business hours In-person meetings
 Evenings Virtual Meetings

Feel free to add detailed information as to what will work best for you: