



TRANSITIONS-MENTAL HEALTH ASSOCIATION

784 High Street, San Luis Obispo, CA 93401

Phone (805) 540-6500 FAX (805) 540-6501

VOLUNTEER JOB DESCRIPTION

Position Title: LEAD Advocate/Speaker

Program: The LEAD (Lived Experience Advocacy Development) Project

Supervisor: Sandy Rives

Location: Santa Maria/Lompoc

Revision Date: February 28, 2024

Mission Statement

Transitions-Mental Health Association is a nonprofit organization dedicated to eliminating stigma and promoting recovery and wellness for people with mental illness through work, housing, and community and family support services.

The LEAD Project (Lived Experience Advocacy Development) aims to become part of a greater systems change and emerge as a critical voice on behalf of those living with mental illness. LEAD works to influence public behavioral health policies in Northern Santa Barbara County and the State of California. All LEAD Advocates are individuals with lived experience of one or more of the following: mental illness, addiction, homelessness, and incarceration. Due to their lived experience and recovery, LEAD members educate, advocate, and seek to reduce the stigma of living with mental illness by giving a face and story to people who cannot speak for themselves.

Responsibilities and Duties

The Volunteer will have the responsibility of:

1. Full attendance and participation in meetings, workshops, trainings, lectures, group discussions/activities, reading and homework assignments, and scheduled speaking engagements.
2. Promote, encourage, and maintain trauma-informed practices in all services and activities.
3. Practice and promote, both individually and in team meetings, the Collaborative Communication Guidelines.
4. All other duties as assigned.

Qualifications

- Lived experience of mental illness, homelessness, incarceration, and/or substance use.
- Knowledge of self-care tools and practices.
- Basic understanding of Microsoft Suite programs.

Volunteer Signature

Date

The LEAD Project Advocate Application



This project seeks to train a group of local advocates who will represent the concerns faced by people living with mental health challenges who reside in Northern Santa Barbara County

Attn: Sandy Rives, LEAD Coordinator

E-mail: srives@t-mha.org

Phone: (805) 503-2381

Benefits

Participants will have the opportunity to:

- Learn skills to be an effective public speaker through educational workshops, coaching, and presentations.
- Learn the role of grassroots organizing and how to represent people with lived mental health experiences
- Learn the steps to participate in the legislative political process through real-world experience.
- Develop leadership and advocacy skills while reducing stigma and empowering others to find their voice.
- Use their personal story to affect change in the community.

APPLICATION:

First Name	Last Name	Preferred Name	Pronouns
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Street Address	City/Town State	Zip Code
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Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Transportation and/or special accommodations: _____

Are you willing to make a 1-year commitment? _____

Do you self-identify as an individual with lived experience of mental illness, homelessness, incarceration, and/or substance use; either as a consumer of these services or as the parent or caregiver or family member of a consumer?

Check all that apply:

- Peer with lived experience (see above)
- Consumer/Former consumer of public mental health services

How does your lived experience lend itself to advocacy? _____

List names of any friends or relatives working for TMHA: _____

Education: (circle or check the highest degree) High School Diploma AA/AS BA/BS

Advanced Degree (please identify): _____

Other (please identify): _____

Specialized Skills/Courses/Training: _____

Employment (circle or check one): Employed Self-employed Unemployed Student Retired

If employed: Company: _____

Occupation: _____ Supervisor: _____

Phone Number: (____) _____ Length of Employment: _____

Prior employment: Company: _____

Occupation: _____ Supervisor: _____

Phone Number: (____) _____

Reason for leaving: _____

Additional Relevant Skills – please provide, if applicable.

VOLUNTARY DISCLOSURE OF SELF-IDENTIFICATION

While it is your choice to provide us with the following information, it is important that we are successful in our efforts to reach out to a diverse constituency. We appreciate you providing us with the following demographic information to help gauge the success of these efforts.

First Language: _____

Gender: _____

Other Languages spoken: _____

Race/Ethnicity: _____

Any other self-identification (veteran, LGBTQ+, etc...) _____

Emergency Contact: _____

Emergency Contact Phone Number (_____) _____

Requirements of Participation

If selected to be a member of The LEAD Project, you must commit to the following terms:

Full attendance and participation in meetings, workshops, trainings, lectures, group discussions/activities, reading and homework assignments, and scheduled speaking engagements **are required**.

If excessive time is missed, it could jeopardize the successful completion of trainings and the ability to participate in speaking engagements.

Print Name: _____

Signature: _____ Date: _____

**Those applicants that are selected will be scheduled for an interview.
You will be notified by either email or a phone call to schedule a meeting time.**

THANK YOU!