



# 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 \_\_\_\_\_ 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: