

Journey of Hope: Real Life Stories of Living with Mental Health Challenges Portrayed Through Art

2025 PARTICIPANT REGISTRATION FORM

NAME:	TODAY'S DATE: / /
ADDRESS:	
TELEPHONE: () -	EMAIL:
Please contact me by <input type="checkbox"/> Telephone <input type="checkbox"/> Email	Best time to contact me:

Ethnicity: American Indian or Alaskan Native Asian _____ (Please Specify)
 Black or African American Native Hawaiian or Other Pacific Islander
 White (Not Hispanic or Latino) Hispanic or Latino
 Former Soviet _____ (Please Specify) Other _____ (Please Specify)

How do you identify your sexual orientation? _____	How do you identify your gender? _____	What are your pronouns? _____
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All participants must be 16 years of age or older. Participants under the age of 18 will need a statement of permission from their parent or guardian.

Age: 16-18 18-19 20-29 30-39 40-49 50-59 60-69 70+

Event is open to Sacramento County residents. I am a Sacramento County resident: Yes No

How did you hear about this event?

Please choose **one** box for your participation: Artist Story Writer

ARTISTS
The submission I anticipate creating will be: <input type="checkbox"/> 2-D (e.g. painting) <input type="checkbox"/> 3-D (e.g. sculpture)
<input type="checkbox"/> I understand that as part of this exhibit, my artwork will be viewed by the public in a public forum and a reproduced image of my submission will be included in the event program. As well, images of my artwork may be used for promotional purposes.
Please see the Details for Artists document for additional information and specific guidelines for participation.

WRITERS
I have lived experience with a mental health challenge: (required for story writers) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I understand that as part of this exhibit, my story will be viewed by the public in a public forum and will be published in the event program/booklet. As well, excerpts from my story may be used for promotional purposes.
Please see the Details for Writers document for additional information and specific guidelines for participation.

I am interested in participating in social media and/or media outreach opportunities: Yes No

Submit completed registration form by March 17, 2025 (along with sample images for artists) to:

By Mail: Sacramento County Public Health
 Attn: Journey of Hope (Stop Stigma Sacramento)
 9616 Micron Avenue, Suite 670
 Sacramento, CA 95827
PLEASE NOTE NEW ADDRESS

By Email: DHSPUBHJourneyOfHope@SacCounty.gov

- Instructions for submitting by email:
1. Before clicking the email link above, save the application to your computer using the "Save as PDF" option.
 2. From your email browser, attach the file you just saved and email.

Event organized by the Stop Stigma Sacramento Speakers Bureau, part of the "Mental Illness: It's not always what you think" project. For more information, visit: www.StopStigmaSacramento.org

This project is funded by the Division of Behavioral Health Services through voter-approved Proposition 63, the Mental Health Services Act (MHSA).