

St. Clair County Community Mental Health Authority
CMH BOARD/COMMITTEE MEMBER PROFILE

CHECK AS APPROPRIATE: <input type="checkbox"/> CMH Board Member <input type="checkbox"/> Committee Member			
<i>Name of Committee:</i>			
NAME:			
OCCUPATION:			
SOCIAL SECURITY NUMBER:			
BIRTHDATE:			
HOME ADDRESS:			
HOME TELEPHONE NUMBER:	CELL PHONE NUMBER:		
BUSINESS ADDRESS:			
BUSINESS TELEPHONE NUMBER:			
E-MAIL ADDRESS:			
TRAVEL EXPENSES (CMH Board Members Only): Please document the number of miles you travel below, round trip, from your home to our Board Administration Office, 3111 Electric Avenue, Port Huron. Travel will be reimbursed on a quarterly basis. Completed travel vouchers are required for reimbursement for travel to other meetings and those meetings that are <i>not</i> held Administration.			
MILEAGE:			
AS A BOARD/COMMITTEE MEMBER, I CAN REPRESENT THE FOLLOWING PERSPECTIVES (CHECK <input checked="" type="checkbox"/> AS MANY AS APPLY):			
<input type="checkbox"/>	Adults (Older)	<input type="checkbox"/>	Family of Consumer
<input type="checkbox"/>	Business	<input type="checkbox"/>	Government
<input type="checkbox"/>	Children	<input type="checkbox"/>	Health Care
<input type="checkbox"/>	Citizen-At-Large	<input type="checkbox"/>	Mental Health Professional
<input type="checkbox"/>	Primary Consumer: An individual who has received or is receiving services from the department or a community mental health services program or services from the private sector equivalent to those offered by the department or a community mental health services program.	<input type="checkbox"/>	Mental Illness
		<input type="checkbox"/>	Multi-Cultural/Minority
		<input type="checkbox"/>	Parent
		<input type="checkbox"/>	Provider
<input type="checkbox"/>	Developmental Disability	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Education		
CONFLICT OF INTEREST STATEMENT (CMH Board Members Only) I understand the concept of Conflict of Interest and represent that I will not knowingly be party to a Conflict of Interest. I also agree to report any potential future conflicts of interest to the CMH Board Chairman prior to engaging in the action or activity.			
Signature:		Date:	