

**ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH
ADVISORY BOARD MEMBER APPLICATION FOR APPOINTMENT**

Dear Interested Applicant:

Please fill out the following application to serve on the St. Clair Community Mental Health Authority Advisory Board, hereinafter referred to as the CMH Advisory Board. Applicants must reside in St. Clair County.

Please return the application to:
St. Clair County Community Mental Health Authority
Attn: Associate Director of Operations
3111 Electric Avenue, Port Huron MI 48060

If you need assistance completing the application please contact:
Kathleen Gallagher
(810) 966-7857
KGallagher@scccmh.org

* PERSONAL INFORMATION *(Please print)*

Name: _____

Address (Home): _____

Telephone: (H) _____ (C) _____

E-Mail Address: _____

* PLEASE DESCRIBE WHY YOU WANT TO SERVE ON THE ADVISORY BOARD AND WHAT YOU BELIEVE YOU CAN CONTRIBUTE. *(Attach additional pages as necessary)*

* PLEASE PROVIDE INFORMATION IN THE FOLLOWING AREAS AS APPLICABLE.

Employment History:

Service on other Boards of Directors or Councils:

Community Involvement:

* WHICH OF THE FOLLOWING DO YOU BELIEVE YOU REPRESENT? *(Check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Self - Individual served | <input type="checkbox"/> Family member/Parent |
| <input type="checkbox"/> Severe Emotional Disturbance population | <input type="checkbox"/> Intellectual Developmental/Disabilities population |
| <input type="checkbox"/> Mental Illness population | <input type="checkbox"/> Substance Use Disorder population |
| <input type="checkbox"/> Community at large | |

* IN WHICH OF THE FOLLOWING AREAS DO YOU HAVE EXPERIENCE? *(Check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Commercial/Industrial | <input type="checkbox"/> Legal Affairs |
| <input type="checkbox"/> Community Affairs | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Education | <input type="checkbox"/> Minority/Multi-cultural |
| <input type="checkbox"/> Faith Communities | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Trade Unions |
| <input type="checkbox"/> Government | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Other: (e.g. recovery) |

* ARE YOU EMPLOYED BY ANY PROVIDER ORGANIZATION OR INDIVIDUAL SERVED?

- NO YES, Explain: _____

* SOME THINGS YOU SHOULD KNOW ABOUT THE COMMITMENT YOU ARE CONSIDERING.

The Advisory Board's primary responsibility is to advise the SCCCMHA Board, Executive Director in the following area: Some purposes of the advisory council beyond the items for discussion mentioned above: incorporate meaningful participation and input in to strategic planning, program development, being responsive to the needs of the Agency, the individual's served, families and communities, focus on the range of services provided and geographic concerns, if any.

The Board will meet every month at St. Clair County Community Mental Health, 3111 Electric Avenue, Port Huron, MI. You should have a reliable source of transportation in order to attend these meetings.

I certify the above information is accurate and true.

Applicant Signature

Date