**OHIO MENTAL HEALTH AND ADDICTION SERVICES (OhioMHAS)**

**ADAMHS/CMH/ADAS BOARD MEMBER APPOINTMENT APPLICATION** (Revised 10-18-2013)

14 Member Board  18 Member Board

Board Name:

Board Director Name and Title:

New Application  Renewal Application  Full Term  Partial Term

**Appointment Type** (Applicants can select both mental health clinician and addiction clinician if they are qualified by scope of practice or licensure.)

Mental Health: ☐ Clinician ☐ Consumer ☐ Family Member ☐ Other

Addiction: ☐ Clinician ☐ Consumer ☐ Family Member ☐ Other

Gambling: ☐ Clinician ☐ Consumer ☐ Family Member ☐ Other

**Personal Information**

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| --- |
| Name:  Address:  City: Zip Code:  County of Residence:  Preferred Phone Number(s):  Preferred e-mail Address(es):  Preferred Mailing Address: |

**Education**

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Name and location of School or University | Year Graduated | Degree |
| High School |  |  |  |
| College |  |  |  |
| Other |  |  |  |

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| **Community Organization Affiliations (past and present)** | | |
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**Please describe your reasons for wanting to serve as a Volunteer (unpaid) Board member:**

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D\_\_\_-0453(Rev October 18, 2013) OhioMHAS-ADM-014

**OhioMHAS BOARD MEMBER APPOINTMENT APPLICATION**

**Population Equality Representation Declaration**

OhioMHAS is required to assure that member appointment reflects the composition of the population of the service district as to race and sex. The following information is used to assure equal representation. Completion of the following section is voluntary and is not required to consider or appoint you as a Board member, but does give you the opportunity to declare how you identify yourself. Please check all that apply and specify as you wish.

**Race:**  White/Caucasian Black/African American  American Indian  Alaska Native

Asian  Native Hawaiian or Pacific Islander  Other \_\_\_\_\_\_\_

**Ethnicity:**   Appalachian  Hispanic  Latino/Latina  of Spanish origin  other \_\_\_\_\_\_\_\_\_\_\_\_

**Gender**  Female  Male  LGBTQ (Lesbian, Gay, Bi-Sexual, Transgender, Questioning)

Other \_\_\_\_\_\_\_\_\_\_\_\_

**Conflict of Interest Assurance:** By signing below I attest that the following statements are true.

Neither I nor my spouse: parent; step parent; parent-in-law; sibling; step sibling; sibling-in-law; child; step child; or child-in-law; serves on the governing board of, or is employed at a contract agency that receives funds from the board which I am applying for board membership.

I am not a County Commissioner and am not employed by a County Commissioner or an office under the authority of a County Commissioner.

**Volunteer (unpaid) Board Member Duties:**

1) Attend all board meetings

2) Attend annual board member training

3) Maintain professional licenses; (if applicable) and

4) Serve on applicable subcommittees of the boards.

**Applicant’s Statement:** I have read and completed the application accurately and honestly. I attest that I am a resident of the County specified; I deny any conflicts of interest and agree to fulfill Volunteer Board Member Duties to the best of my ability. I acknowledge that service on the Board is unpaid (with reimbursement for mileage and authorized expenses only) and provides me with an opportunity to serve my local community. I understand that appointment makes me ineligible to be employed at a contract provider of the Board and if such employment should be desired in the future I will follow all directives of the Ohio Ethics Commission including resignation from the Board and completion of prescribed waiting period before accepting employment with a contract agency.

**I understand and agree that all information contained in this application is a public record.  I hereby grant the Department of Mental Health and Addiction services permission to release my application, including my status as a consumer of either mental health or alcohol and drug addiction services, to anyone making a public records request seeking Board applications.**

Signature of Applicant Date

**OhioMHAS BOARD MEMBER APPOINTMENT APPLICATION**

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| ***For Board Use Only***  **Appointment Term**  If applicant is filling a vacated partial term, note partial term ending year .  Initial Appointment – Vacant  Initial Appointment – Full Term  Renewal Appointment  **For Renewal Appointments:** Please list dates of missed meetings with and without prior notification  .  **Appointment Recommended:**   Yes  No  **Appointment Type**  Mental Health: ☐ Clinician ☐ Consumer ☐ Family Member ☐ Other  Addiction: ☐ Clinician ☐ Consumer ☐ Family Member ☐ Other  Gambling: ☐ Clinician ☐ Consumer ☐ Family Member ☐ Other  **Appointment Type Waiver Request:**  If you wish to have OhioMHAS appoint a member who does not fall into one of the appointment types identified above please describe the rationale and the role applicant would fill. In addition, please assure that all members who meet the requirement for and serve as appointment types listed above are noted as such on the membership roster even if they are a county appointee.  **Comments:**  Dates of Previous Appointment(s):  **Appointment Affirmation:** By signing below I recommend appointment of this applicant to the position of board member. I have reviewed the education, employment, personal history and professional qualifications sections and believe the applicant is willing and able to perform the duties of a Board member. This application and attachments have been reviewed by me and to the best of my knowledge is a complete and truthful disclosure of required information. I have also reviewed the conflict of interest assurance and the applicant denied any conflicts of interest.  All boards recommending appointment must submit a current roster of all board members.  Board Roster Included?  Yes  No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Board Executive Director Signature Date |

**OhioMHAS BOARD MEMBER APPOINTMENT APPLICATION**

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| ***For Clinician Use Only***  **Please check all applicable licenses and or disciplines:**  Psychiatrist  Physician  Nurse  Rehabilitation Counselor  Licensed Psychologist  School Psychologist  Marriage and Family Therapist  Professional Counselor  Social Worker  Chemical Dependency Counselor  Pastoral Counselor  School Counselor  Other (specify with license #) | | | |
| Ohio License Number | Degree without License | Expiration Date | |
| **Clinical Experience with Emotionally Disturbed Persons** | | | |
| Work Locations | Types of Duties | Years | |
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| **Employment History** (Name, address, city and state of past employers) | | Dates | Position |
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