

**OHIO MENTAL HEALTH AND ADDICTION SERVICES (OhioMHAS)
ADAMHS/CMH/ADAS BOARD MEMBER APPOINTMENT APPLICATION** (Revised 7-1-2016)

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

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

Education

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

Community Organization Affiliations (past and present)

Please describe your reasons for wanting to serve as a Volunteer (unpaid) Board member:

D___-0453(Rev July 1 2016) OhioMHAS-ADM-014

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 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 or have a contract with 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 by, serve on a board, or enter into a contract of a contract provider (agency) 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

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

Work Locations	Types of Duties	Years

Employment History (Name, address, city and state of past employers)	Dates	Position

OhioMHAS BOARD MEMBER APPOINTMENT APPLICATION

For Board Use Only

14 Member Board

18 Member Board

Appointment Term

If applicant is filling a vacated partial term, note partial term ending year

Initial Appointment – Partial Term

Initial Appointment – Full Term

Renewal Appointment

For Renewal Appointments: Please list dates of missed meetings with and without prior notification

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.

Current Number of OhioMHAS Board Openings: _____

Current Number Commissioner Board Openings: _____

Comments:

Dates of Previous Appointment(s):

Appointment Affirmation: By signing below I am recommending the applicant. I have also 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 submitting appointment application must also submit a current board roster.

Board Roster Included? Yes

No

Board Executive Director Signature

Date