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
<table>
<thead>
<tr>
<th>Type</th>
<th>Name and location of School or University</th>
<th>Year Graduated</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
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<tr>
<td>College</td>
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<td>Other</td>
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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

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 ☐ 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 contact 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

OhioMHAS BOARD MEMBER APPOINTMENT APPLICATION
### 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 #)

<table>
<thead>
<tr>
<th>Ohio License Number</th>
<th>Degree without License</th>
<th>Expiration Date</th>
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### Clinical Experience

<table>
<thead>
<tr>
<th>Work Locations</th>
<th>Types of Duties</th>
<th>Years</th>
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### Employment History

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<thead>
<tr>
<th>Employment History</th>
<th>Dates</th>
<th>Position</th>
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<tbody>
<tr>
<td>(Name, address, city and state of past employers)</td>
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**OhioMHAS BOARD MEMBER APPOINTMENT APPLICATION**
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