

**OHIO MENTAL HEALTH AND ADDICTION SERVICES (OhioMHAS)  
ADAMHS/CMH/ADAS BOARD MEMBER APPOINTMENT APPLICATION** (Revised 4-3-2017)

14 Member Board       18 Member Board

Board Name: Mental Health, Addiction and Recovery Services MHARS Board of Lorain County

Board Director Name and Title: Elaine Georgas, Interim Executive Director

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):			
Preferred Mailing Address:			

**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:**

## 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, child, parent, brother, sister, grandchild, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law serves on the governing board of any provider with which the board of alcohol, drug addiction, and mental health services which I am applying for board membership has entered into a contract for the provision of services or facilities.
- I am not an employee of any provider with which the board of alcohol, drug addiction, and mental health services which I am applying for board membership has entered into a contract for the provision of services or facilities.
- Neither I nor my spouse, child, parent, brother, sister, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law serves as a county commissioner of a county or counties in the alcohol, drug addiction, and mental health service district.

**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**

**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**

***For Clinician Use Only***

**Please check all applicable licenses and or disciplines:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Psychiatrist                         | <input type="checkbox"/> Physician              | <input type="checkbox"/> Nurse               |
| <input type="checkbox"/> Rehabilitation Counselor             | <input type="checkbox"/> Licensed Psychologist  | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> Marriage and Family Therapist        | <input type="checkbox"/> Professional Counselor | <input type="checkbox"/> Social Worker       |
| <input type="checkbox"/> Chemical Dependency Counselor        | <input type="checkbox"/> Pastoral Counselor     | <input type="checkbox"/> School Counselor    |
| <input type="checkbox"/> Other (specify with license #) _____ |   |  |

Ohio License Number	Degree without License	Expiration Date

<b>Clinical Experience with Emotionally Disturbed Persons</b>		
Work Locations	Types of Duties	Years
<b>Employment History</b> (Name, address, city and state of past employers)	Dates	Position