



**STANISLAUS COUNTY MHSA STEERING
COMMITTEE REPRESENTATIVE
LETTER OF INTEREST (Draft)**

Name: _____

Address: _____

Phone Number: _____

E-Mail: _____

What is your culture/race/ethnicity? _____

What is your age group? (Circle one)

16-25

26-54

55-59

60 and older

a.) WHAT COMMUNITY DO YOU REPRESENT? (Circle one)

- BHRS
- CEO's Office
- Consumer Partners
- Family Member Partners
- Contract Providers of Public Mental Health Services
- Courts
- Diverse Communities
- Education
- Health Care: Public and Private
- Housing: Public and Private
- Labor Organizations
- Law Enforcement
- Probation
- Senior Services
- Social Services
- Veterans Groups

b.) ARE YOU INTERESTED IN ONE OF THE FOLLOWING?

- Primary Representative
- Alternate Representative
- Either

c.) When are you available to attend meetings? (Circle all that apply)

Monday through Friday: Morning Afternoon Evening

5. What is your experience working with diverse perspectives towards a common goal?

6. Please provide any additional information about your experience or background that you feel is relevant.

SIGNATURE: _____

NAME (PRINTED): _____

DATE: _____

Please return your completed application via e-mail or mail to:

Dan Rosas, MHSA Manager
Stanislaus County Behavioral Health and Recovery Services
800 Scenic Drive
Modesto, CA 95359

E-Mail: drosas@stanbhrs.org
ATTN: MHSA Steering Committee

Applications will be accepted on a continuous basis.