

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 REPR	RESENT? (Circle one	e)	
BHRS			
CEO's Office			
Consumer Partners			
Family Member Partners			
Contract Providers of Public Menta	al 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 T	HE FOLLOWING?		
Primary Representative			
Alternate Representative			
Either			
c.) When are you available to attend	meetings? (Circle a	all that apply)	

Monday through Friday:	Morning	Afternoon	Evening
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TELL US ABOUT YOURSELF

1. Please tell us about your experience working with other groups or individuals prioritizing improvements for your community.

2. Please describe your experience working with organizations or agencies, such as boards, committees, work groups, service providers, etc?

3. Please describe your understanding of the Mental Health Services Act. If you are not familiar with the Act, would you be willing to attend training to learn about the Act?

4. Every individual has strengths to contribute. What are some of the strengths you would bring to the Steering Committee?

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: <u>drosas@stanbhrs.org</u> ATTN: MHSA Steering Committee

Applications will be accepted on a continuous basis.

4/4/17 dr