Application for Mental Health & Recovery Board of Wayne and Holmes Counties

I wish to apply for membership on the Mental Health & Recovery Board of Wayne and Holmes Counties. I am not a member of a board or employee of any agency with which this Board has a contract for services or facilities (or will resign from agency, board or employment if appointed to this Board). My spouse, child, parent, brother, sister, grand-child, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law does not serve as a member of a board of any agency and/or is not employed by any agency with which this Board has a contract for services or facilities, nor does he/she serve as a County Commissioner of a county or counties in the Alcohol, Drug Addiction and Mental Health Service district. If appointed, I understand and agree that all information contained in this application and information pertaining to my race and gender can be made public.

NAME: _____ DATE: _____

ADDRESS: _____

PHONE NO: _____ E-MAIL:_____ FAX: _____

OCCUPATION:_____

EMPLOYMENT ADDRESS:_____

PHONE NO: _____ E-MAIL: :_____ FAX:_____

EMPLOYMENT HISTORY:

LIST NAME, CITY & STATE OF EMPLOYER (MOST RECENT FIRST):

_____

_____

_____

NUMBER OF YEARS LIVING IN WAYNE COUNTY: _____

WHY ARE YOU INTERESTED IN SERVING ON THIS BOARD?

_____

_____

_____

LIST ANY COMMUNITY SERVICES THAT YOU HAVE BEEN INVOLVED WITH:

_____

_____

PLEASE ATTACH A RESUME OR OTHER PERTINENT INFORMATION.