



APPLICATION FOR MHSOAC

MENTAL HEALTH SERVICES ACT (MHSA) SERVICES COMMITTEE

NAME: FIRST MIDDLE LAST

ADDRESS:

PHONE: Day Cell

E-MAIL:

Organization (if applicable):

REPRESENTATIVE STATUS : Please select all categories that accurately describe your current occupation, employment, experience or status (non-status in the categories below is not a disqualifying factor)

CLIENT/CONSUMER (Specify or describe)

FAMILY/CARE GIVER (Specify or describe)

ORGANIZATION AFFILIATION, INCLUDING GOVERNMENT or EDUCATION (Specify or describe)

PROVIDER (Specify or describe)

OTHERS (Specify or describe)

1. Please describe what motivated you to apply to this committee?

2. Please describe which area interests you most in improving mental health services and/or policy?

3. What outcomes would you like to see as a result of your participation?

4. Please provide your prior and current experience, education and/or expertise (paid or volunteer), including work on Boards and advisory groups related to mental health, which would add value to the work of this Committee.

5. The work you may do as a member of a Committee/Workgroup will require an awareness of and sensitivity to historically underserved populations (e.g., ethnic, race, age, culture, including client and family member cultures, language, gender, sexual orientation, and the needs of other diverse community populations). Please describe your qualifications and/or experience in this area.

6. Do you speak/read/write a language other than English? Yes No

If yes, what other language(s) do you speak/read/write? _____

PLEASE ATTACH YOUR RESUME (IF AVAILABLE)

Deadline for Submission of Application: February 5, 2009

Please submit application to:

**Mental Health Services Act (MHSA) Services Committee Application
Mental Health Services Oversight and Accountability Commission
1300 17th Street, Suite 1000
Sacramento, CA 95811
Attention: Vivian Lee
(916) 445-8721 or FAX: (916) 445-4927**

***E-mail: MHSOAC@dmh.ca.gov
Web site: www.dmh.ca.gov/mhsoac/default.asp***