



**APPLICATION FOR MHSOAC**

**COMMITTEE, TECHNICAL RESOURCE GROUP, or WORKGROUP**

**NAME OF COMMITTEE, TRG, or WORKGROUP:** \_\_\_\_\_

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: ( ) Day ( ) Cell \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

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)

1. What motivated you to apply for this position?

---

---

---

---

2. What are your interests in improving mental health services and/or policy?

---

---

---

---

3. What outcomes would you like to see because of your participation?

---

---

---

---

4. Please provide past 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/Technical Resource Group/Workgroup.

---

---

---

---

5. The work you may do as a member of a Committee/Technical Resource Group/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: [Date]**

**Please submit application to: Mental Health Funding Technical Resource Group  
Oversight and Accountability Commission  
1300 17<sup>th</sup> Street, Suite 1000  
Sacramento, CA 95811  
(916) 445-8692  
FAX: (916) 445-4927**

***E-mail: [MHSOAC@dmh.ca.gov](mailto:MHSOAC@dmh.ca.gov)  
Web site: [www.dmh.ca.gov/mhsoac/default.asp](http://www.dmh.ca.gov/mhsoac/default.asp)***