



215 JACOB MURPHY LANE, UNIONTOWN, PA 15401

LISA FERRIS-KUSNIAR, CHIEF EXECUTIVE OFFICER

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APPLICATION FOR ADVISORY BOARD MEMBERSHIP

NAME: LAST _____ FIRST _____ M.I. _____

HOME ADDRESS: _____

HOME TELEPHONE: _____ CELL PHONE: _____

EMPLOYER: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____ E-MAIL: _____

* OCCUPATION & TITLE: _____

* RACE: CAUCASIAN ___ AFRICAN-AMERICAN ___ HISPANIC ___ OTHER (specify) _____

1. How did you learn about the Fayette County MH/MR Advisory Board?
2. What are your reasons for applying for membership on the Advisory Board?
3. Have you had any previous experience with community advisory groups, mental health and/or drug and alcohol programs, service organizations, etc. If so, please list:
4. Please identify any skills, education, or training which you believe will assist you as a Board Member?

** Denotes demographic data that is requested to assure that the Demographics of the MH/MR Advisory Board are reflective of the demographics of Fayette County and Mental Health/Mental Retardation Act of 1966.*



5. How do you feel you can contribute to the Advisory Board?

_____ Yes _____ No

If yes, please list and provide dates of terms served:

7. Are you currently an elected official?

_____ Yes _____ No

If yes, list capacity:

8. Have you been, or are you currently employed at any of the county offices or provider of service agencies?

_____ Yes _____ No

If yes, please denote office and employment dates:

9. The Advisory Board meets six times per year in the evening on the third Wednesday of the month. Can you make a commitment to attend the meetings as scheduled?

_____ Yes _____ No

10. References: (Please list three)

Name	Position/Title	Address	Telephone #
1.			
2.			
3.			

Applicant Signature

Date