OHIO MENTAL HEALTH AND ADDICTION SERVICES (OhioMHAS)
ADAMHS/CMH/ADAS BOARD MEMBER APPOINTMENT APPLICATION (Revised 4-3-2017)

☐ 14 Member Board ☐ 18 Member Board

Board Name: _____
Board Director Name and Title: _____

☐ New Application ☐ Renewal Application ☐ Full Term ☐ Partial Term

Appointment Type (Applicants can select both mental health clinician and addiction clinician if they are qualified by scope of practice or licensure.)

Mental Health: ☐ Clinician ☐ Consumer ☐ Family Member ☐ Other _____
Addiction: ☐ Clinician ☐ Consumer ☐ Family Member ☐ Other _____
Gambling: ☐ Clinician ☐ Consumer ☐ Family Member ☐ Other _____

Personal Information

Name:
Address:
City: Zip Code:
County of Residence:
Preferred Phone Number(s):
Preferred e-mail Address(es):
Preferred Mailing Address:

Education

Type	Name and location of School or University	Year Graduated	Degree
High School			
College			
Other			

Community Organization Affiliations (past and present)		

Please describe your reasons for wanting to serve as a Volunteer (unpaid) Board member:

OhioMHAS BOARD MEMBER APPOINTMENT APPLICATION

Population Equality Representation Declaration

OhioMHAS is required to assure that member appointment reflects the composition of the population of the service district as to race and sex. The following information is used to assure equal representation. Completion of the following section is voluntary and is not required to consider or appoint you as a Board member, but does give you the opportunity to declare how you identify yourself. Please check all that apply and specify as you wish.

Race: ☐ White/Caucasian Black/African American ☐ American Indian ☐ Alaska Native ☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ Other _____

Ethnicity: ☐ Appalachian ☐ Hispanic ☐ Latino/Latina ☐ of Spanish origin ☐ other _____

Gender ☐ Female ☐ Male ☐ Other _____

Conflict of Interest Assurance: By signing below I attest that the following statements are true:

- Neither I nor my spouse, child, parent, brother, sister, grandchild, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law serves on the governing board of any provider with which the board of alcohol, drug addiction, and mental health services which I am applying for board membership has entered into a contract for the provision of services or facilities.
- I am not an employee of any provider with which the board of alcohol, drug addiction, and mental health services which I am applying for board membership has entered into a contract for the provision of services or facilities.
- Neither I nor my spouse, child, parent, brother, sister, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law serves as a county commissioner of a county or counties in the alcohol, drug addiction, and mental health service district.

Volunteer (unpaid) Board Member Duties:

1) Attend all board meetings
2) Attend annual board member training
3) Maintain professional licenses; (if applicable) and
4) Serve on applicable subcommittees of the boards.

Applicant's Statement: I have read and completed the application accurately and honestly. I attest that I am a resident of the County specified; I deny any conflicts of interest and agree to fulfill Volunteer Board Member Duties to the best of my ability. I acknowledge that service on the Board is unpaid (with reimbursement for mileage and authorized expenses only) and provides me with an opportunity to serve my local community. I understand that appointment makes me ineligible to be employed at a contract provider of the Board and if such employment should be desired in the future I will follow all directives of the Ohio Ethics Commission including resignation from the Board and completion of prescribed waiting period before accepting employment with a contract agency.

I understand and agree that all information contained in this application is a public record. I hereby grant the Department of Mental Health and Addiction services permission to release my application, including my status as a consumer of either mental health or alcohol and drug addiction services, to anyone making a public records request seeking Board applications.

_____ _____

Signature of Applicant Date

OhioMHAS BOARD MEMBER APPOINTMENT APPLICATION

For Board Use Only

Appointment Term

If applicant is filling a vacated partial term, note partial term ending year _____.

☐ Initial Appointment – Vacant ☐ Initial Appointment – Full Term ☐ Renewal Appointment

For Renewal Appointments: Please list dates of missed meetings with and without prior notification

_____.

Appointment Recommended: ☐ Yes ☐ No

Appointment Type

Mental Health: ☐ Clinician ☐ Consumer ☐ Family Member ☐ Other _____

Addiction: ☐ Clinician ☐ Consumer ☐ Family Member ☐ Other _____

Gambling: ☐ Clinician ☐ Consumer ☐ Family Member ☐ Other _____

Appointment Type Waiver Request: _____

_____

_____

If you wish to have OhioMHAS appoint a member who does not fall into one of the appointment types identified above please describe the rationale and the role applicant would fill. In addition, please assure that all members who meet the requirement for and serve as appointment types listed above are noted as such on the membership roster even if they are a county appointee.

Comments:

Dates of Previous Appointment(s):

Appointment Affirmation: By signing below I recommend appointment of this applicant to the position of board member. I have reviewed the education, employment, personal history and professional qualifications sections and believe the applicant is willing and able to perform the duties of a Board member. This application and attachments have been reviewed by me and to the best of my knowledge is a complete and truthful disclosure of required information. I have also reviewed the conflict of interest assurance and the applicant denied any conflicts of interest.

All boards recommending appointment must submit a current roster of all board members.

Board Roster Included? ☐ Yes ☐ No

_____ _____

Board Executive Director Signature Date

OhioMHAS BOARD MEMBER APPOINTMENT APPLICATION

For Clinician Use Only

Please check all applicable licenses and or disciplines:

☐ Psychiatrist	☐ Physician	☐ Nurse
☐ Rehabilitation Counselor	☐ Licensed Psychologist	☐ School Psychologist
☐ Marriage and Family Therapist	☐ Professional Counselor	☐ Social Worker
☐ Chemical Dependency Counselor	☐ Pastoral Counselor	☐ School Counselor

☐ Other (specify with license #) _____

Ohio License Number	Degree without License	Expiration Date

Clinical Experience with Emotionally Disturbed Persons			
Work Locations	Types of Duties	Years	
Employment History (Name, address, city and state of past employers)		Dates	Position