



FAYETTE COUNTY
BEHAVIORAL HEALTH ADMINISTRATION
215 JACOB MURPHY LANE, UNIONTOWN, PA 15401

PHONE: (724) 430-1370

[WWW.FCBHA.ORG](http://www.FCBHA.ORG)

FAX: (724) 430-1386

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 FCBHA Advisory Board?

2. What are your reasons for requesting membership on the Advisory Board?

3. Have you had any previous experience with community advisory groups, intellectual disability or mental health agencies or organizations, drug and/or alcohol programs, or service organizations. If so, please list:

4. Please identify skills, education, and/or training you believe will assist you as a Board Member?

** Denotes data that is requested to assure that the Demographics of the FCBHA Advisory Board are reflective of the demographics of Fayette County and Mental Health/Intellectual Disabilities 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 county office or provider of service agencies?

_____ Yes _____ No

If yes, please denote office and employment dates:

9. The Advisory Board meets four (4) times per year in the evening on the third Wednesday of the month with Committee meetings as needed. Can you make a commitment to attend the meetings as scheduled?

_____ Yes _____ No

10. References: (Please list three)

Name	Position/Title	Address	Telephone #
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1. _____

2. _____

3. _____

Applicant Signature

Date