FAYETTE COUNTY
BEHAVIORAL HEALTH ADMINISTRATION
215 JACOB MURPHY LANE, UNIONTOWN, PA 15401
DAVID W. RIDER, ADMINISTRATOR / CHIEF EXECUTIVE OFFICER

PHONE: (724) 430-1370   WWW.FCBHA.ORG

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/Mental Retardation Act of 1966.*

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

6. **Do you currently serve on any Advisory Boards, Committees, or Councils?**

    _____ **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 #
1.			
2.			
3.			

_____   _____
Applicant Signature   Date