**LHRC APPLICATION FORM**

NAME OF LHRC:

Today’s Date:

Name: Email address:

Street Address:

City, State, Zip: Telephone #:

Current (or most recent) Employer:

Employer’s Address:

Dates of Employment: From \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ to \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Occupation/ profession (if retired, list previous occupation):

Educational Background:

Please check categories in which you are eligible or willing to serve:

Family Member Individual\* Healthcare Provider Other Professional

 \*Individual means a person who is receiving mental health, developmental or substance use treatment or services or who has received services within the last 5 years.

Have you ever been employed by, or a member of the board of directors (i.e. CSB) or a volunteer of a program operated by the Department of Behavioral Health and Developmental Disabilities?

Yes\_\_\_\_\_ No\_\_\_\_

If so, name of program (or programs):

Capacity in which you served:

Dates of service: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_

**LHRC APPLICATION FORM** (CONTINUED)

Please describe your education, training or experience in the area of Mental Health, Intellectual Disabilities or Substance Use Disorder Services, if any.

What is your interest in serving on a Local Human Rights Committee?

As a member of the Local Human Rights Committee, what do you think will be your biggest challenge and will you be able to attend meetings regularly?

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Applicant’s Signature: Signature of OHR Reviewer:

Thank you for your interest in serving on a Local Human Rights Committee. Please return completed applications to the Regional Manager in the area you wish to serve:

