

BEHAVIORAL HEALTH ADVISORY COUNCIL OF VIRGINIA MEMBERSHIP APPLICATION FORM

(candidates are encouraged to attend a meeting prior to membership approval by the Council)

Date of preparation: _____

Name of Applicant: _____
Last Name First Name MI

Mailing Address: _____
Street Apt/Suite

City State Zip

Email Address: _____
Home work

Telephone: _____
Home Cell Work

Primary Interest in BHAC membership – please check one

- Person with serious mental illness
- Person with substance use issues
- Family member of adult with a serious mental illness and / or substance use issues
- Parent of a child / youth with a serious emotional disturbance and/or substance use issues
- Advocate
- Mental Health Professional
- Other interested person

How did you learn about membership on the BHAC?

Why are you interested in being a member of the Virginia BHAC?

What special experience, skills and abilities do you bring to the BHAC?

- Budgeting / fiscal
- Media
- Legislative / public policy
- Legal
- Other – please specify: _____

Are you a state employee? Yes _____ No _____

If yes, what agency: _____

If you are a mental health professional, please describe the nature of your professional work and the population, public or private, that you serve:

Are you a member of any mental health or substance use related advocacy or support groups?

Yes _____ No _____

If yes, what organization(s) and or support groups

What role(s) have you filled in these organizations?

Is there additional information you would like to provide that would help us evaluate your application for membership?

We seek to have diversity in our BHAC membership. To do this we need to know with which of the following racial / ethnic groups you identify (optional).

_____ White / Caucasian

_____ Native Hawaiian / Pacific Islander

_____ Asian

_____ Native American / Alaskan Native

_____ Black / African American

_____ Hispanic or Latino

_____ Other – please describe _____

Mail to: BHAC New Membership Applications
c/o Mental Health America of Virginia
2008 Bremo Road Suite 101
Richmond VA 23226

OR

Fax to: Behavioral Health Advisory Council of Virginia
804-447-7786