



**CALIFORNIA MENTAL HEALTH PLANNING COUNCIL  
APPLICATION**

1.  Mr.  
 Ms.

\_\_\_\_\_

FIRST MIDDLE LAST

2. Residence address: \_\_\_\_\_  
\_\_\_\_\_

3. Telephone number: (\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_

4. What year were you born? \_\_\_\_\_

5. Gender:  Male  Female

6. Ethnicity: \_\_\_\_\_

7. Please explain why you wish to serve on the California Mental Health Planning Council.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. The Council seeks diversity in perspective and experience amongst its members. Indicate any perspective and/or experience you would bring to the Council. Please select which groups (if any) you identify with below.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Native American        | <input type="checkbox"/> Veteran                              | <input type="checkbox"/> Education                        |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Law Enforcement/<br>Criminal Justice | <input type="checkbox"/> Foster Care/<br>Juvenile Justice |
| <input type="checkbox"/> African American       | <input type="checkbox"/> LGBTQ                                | <input type="checkbox"/> Child/<br>Adolescent/Youth       |
| <input type="checkbox"/> Latino                 | <input type="checkbox"/> Rural California                     | <input type="checkbox"/> Older Adults                     |
| <input type="checkbox"/> Other _____            |   |   |

9. The Council has four (4) appointment categories. Please mark which category in which you are seeking appointment. You can select more than one.

- Consumer-Related Advocate (please explain): \_\_\_\_\_
- Consumer
- Family Member
- Professional/Provider (please identify): \_\_\_\_\_

10. Council membership requires travel by air and/or car four times a year, sitting for long periods of time, listening to presentations, public speaking to Council members, and reviewing documents in electronic or paper form in order to prepare for meetings. Are you able to perform all of these activities?  YES  NO

If "no", please describe: \_\_\_\_\_

11. Category which most accurately describes your current status:

- |                                    |                                   |                                      |                                  |
|------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Student   | <input type="checkbox"/> Employed | <input type="checkbox"/> Unemployed  | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Retired  | <input type="checkbox"/> Other _____ |                                  |

12. Please attach a resume or Curriculum Vitae (CV) which also indicates any professional licenses/certificates you hold and any organizations/societies to which you belong.

13. Please provide two (2) contacts as reference to your connection to the mental health community in California.

**Please note: Answering “Yes” to any of the following questions will not automatically disqualify you from consideration. However, please explain any “yes” answers on the space provided below.**

14. Are you a citizen of a country other than the United States?

YES       NO

If yes, what country? \_\_\_\_\_

15. Are you currently, or have you ever been, under federal, state or local investigation for possible violation of a criminal law or ordinance?

YES       NO

16. Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to, any court, administrative agency, professional association, disciplinary committee, or other professional group?

YES       NO

17. Have you ever been publicly identified in person or by organizational members, with a particularly controversial national, state or local issue or produced documents or presentations on particularly controversial issues?

YES       NO

18. Have you ever had any association with any person, group or business venture which could be used, even unfairly, to impugn or attach your character and qualifications for the requested appointment; or, do you know of anyone who might take any steps, overtly or covertly, to attach your appointment?

YES       NO

**Please explain below if you answered “YES” to any of the questions 14-18.**

Question # \_\_\_\_\_

Explanation:

Question # \_\_\_\_\_

Explanation:

Question # \_\_\_\_\_

Explanation:

## **AUTHORIZATION AND RELEASE**

I understand that in connection with this application for appointment, a background check may be conducted. I hereby authorize the release of any and all information pertaining to me from available records and hereby release all such agencies or individuals who furnish such information from liability for damages which may result from furnishing the information requested.

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**SIGNATURE**

**DATE**

Please mail your completed application to:

Department of Health Care Services  
Mental Health and Substance Use Disorder Services  
Attn: Michele Taylor  
MS 4000  
PO Box 997413  
Sacramento, CA 95899-7413