

State Human Rights Committee Application for Membership

Name

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.

Professional Family Member Consumer Healthcare Provider

Have you ever been employed by, or a member of the board of directors or a volunteer of a program licensed, operated or funded by the Department of Behavioral Health and Developmental Services?

Yes No If so, name of program(s): _____

Capacity in which you served: _____

_____ Dates of service: From _____ To _____

Have you been a member of a local human rights committee?

Yes_____ No_____ If yes, which LHRC did you serve on? _____

Capacity in which you served: _____ Dates of service:_____

Please describe your experience on the local human rights committee.

Please describe your education, training or experience in the area of Behavioral Health and Developmental Services, if any.

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

As a member of the State Human Rights Committee, what do you think will be your biggest challenge and will you be able to attend meetings regularly? Please note that the SHRC holds meetings 8 times per year and all meetings are on Friday. Also, the SHRC meets in locations throughout the state which results in members frequently staying overnight on the Thursday prior to the meeting.

Please use the space below to provide any additional information you think is relevant to your application.

Applicant's Signature:

Thank you for your interest in serving on the State Human Rights Committee