



Region 3 Behavioral Health Services Behavioral Health Advisory Committee Membership Application

Name: _____

Home Address (include city, state & zip code): _____

County of Residence: _____ Phone: _____ Email: _____

Present Employer & Occupation: _____

Education and/or Training: _____

List any organizations you are a member of: _____

Please check all applicable categories below that you would be representing:

- | | | |
|--|--|--|
| <input type="checkbox"/> Behavioral Health Professional | <input type="checkbox"/> Community at Large | <input type="checkbox"/> Corrections/Law Enforcement |
| <input type="checkbox"/> Rep. of Behavioral Health Org.* | <input type="checkbox"/> Governmental | <input type="checkbox"/> Education |
| <input type="checkbox"/> Family of Adult Consumer** | <input type="checkbox"/> Consumer-Mental Health | <input type="checkbox"/> Community Organization/Agency |
| <input type="checkbox"/> Family of Child Consumer** | <input type="checkbox"/> Consumer-Substance Abuse | <input type="checkbox"/> Advocacy Group |
| <input type="checkbox"/> Vocational | <input type="checkbox"/> Other: Please specify _____ | |

***A consumer is defined as "an individual or family member who has utilized substance use and/or mental health services.*

Race (Mark one or more):

- | | |
|--|---|
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Native Alaskan or American Indian |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Native Hawaiian and Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Some other race |

Hispanic Origin (Mark one):

- No, not Spanish/Hispanic/Latino
 Yes, Spanish/Hispanic/Latino

References – Please list two references - personal or professional (name, address, daytime phone number)

Please attach a separate sheet of paper to this application, responding to the following:

- Describe any relevant experience and knowledge you have in the behavioral health field.
- What will you contribute to this committee?
- What is your primary interest in serving on this committee?
- How did you learn about this committee?

**Return your application one of two ways: email: bbaxter@region3.net
or U.S.P.S.: Region 3 Behavioral Health Services, Attn: Beth Baxter, PO Box 2555, Kearney, NE 6848-2555**