



**APPLICATION FOR MHSOAC COMMITTEES**

NAME: \_\_\_\_\_  
FIRST M.I. LAST

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE: \_\_\_\_\_  
HOME CELL

EMAIL: \_\_\_\_\_

Please select the committee that you are applying for:

- |   |   |
|---|---|
| Evaluation Committee                                | Services Committee                            |
| Financial Oversight Committee                       | Client and Family Leadership Committee (CFLC) |
| Cultural and Linguistic Competence Committee (CLCC) |   |

Please select **all** categories that accurately describe your current occupation, employment, experience or status:

**CLIENT/CONSUMER**

*(Specify or describe)*

**FAMILY/CARE GIVER**

*(Specify or describe)*

**REPRESENTATIVE FROM UNDERSERVED ETHNIC/CULTURAL COMMUNITY**

*(Specify or describe)*



**COMMUNITY-BASED OPERATION PROVIDER**

*(Specify or describe)*

1. What motivated you to apply for this position?
  
2. What are your interests in improving mental health services and/or policy?
  
3. What outcomes would you like to see because of your participation?
  
4. Please provide past and current experience, education and/or expertise (paid or volunteer), including work on Boards and advisory groups related to mental health, which would add value to the work of this Committee.
  
5. The work you may do as a member of a Committee will require an awareness of and sensitivity to historically underserved populations (e.g., ethnic, race, age, culture, including client and family member cultures, language, gender, sexual orientation, and the needs of other diverse community populations). Please describe your qualifications and/or experience in this area.
  
6. Do you speak/read/write a language other than English?                      Yes      No  
If yes, what other language(s) do you speak/read/write?

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**PLEASE ATTACH YOUR RESUME (IF AVAILABLE)**

**Deadline for Submission of Application: *November 14, 2016***

**Please submit application to:**

**Mental Health Services Oversight and Accountability Commission  
1325 J Street, Suite 1700, Sacramento, CA 95814  
(916) 445-8696 or FAX: (916) 445-4927**

**E-mail: [MHSOAC@ca.gov](mailto:MHSOAC@ca.gov)  
Website: [www.mhsoac.ca.gov](http://www.mhsoac.ca.gov)**