

ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES BOARD
Application to Serve on ACCMHS Board

Name: _____ Date: _____

Address: _____ City: _____ Zip _____

Occupation: _____

Home phone: _____ Business phone/Cell: _____

E-mail _____

Are you 18 or older? Yes No Are you an Allegan County resident? Yes No

Per the Michigan Mental Health Code 330.1222, certain categories need to be represented on the Community Mental Health Board. Please check the categories which you believe apply to you and please explain how you represent that category.

- Provider of mental health services. _____
- Agency/occupation having a working involvement with mental health services. _____
- General public (brief job description) _____
- Public official (defined as individuals serving in an elected or appointed public office or employed more than 20 hours per week by an agency of federal, state, city, or local government, including public schools or colleges or universities. _____
- Recipient or primary consumer of mental health services (defined as an individual who has received or is receiving services from a community mental health services program or from the private sector equivalent to those offered by the Department or a community mental health services program.) _____
- Family of a recipient/primary consumer of mental health services (defined as a parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50% of his/her financial support.) _____

Please list your membership on other boards or commissions: _____

The Michigan Mental Health Code prohibits an individual from being appointed to a community mental health board if he/she is a party to a contract with the community mental health services program or administering or benefiting financially from a contract with the community mental health services program or serves in a policy-making position with an agency under contract with the community mental health services program. A list is attached of agencies that contract with ACCMHS. This list is not all-inclusive. Do any of these restrictions apply to you? Yes No. If yes, please explain: _____

I have read the Allegan County Community Mental Health Service's Bylaws and Board Policies (available on web site www.accmhs.org, under "Board" tab) concerning Section 2 Conflict of Interest (ACCMHS Bylaws Art. VIII Meetings of the Authority Board and Policy #201 Sec. III Board Member Role/Function), and agree to comply fully with these terms and conditions at all times during my service as an ACCMHS Board member. If at any time following the submission of this form I become aware of any actual or potential conflicts of interest, or if information I provided becomes inaccurate or incomplete, I will promptly notify the Board Chairperson in writing.

Applicant's Signature

Applicant's Printed Name

Please return to: Mark Witte, Executive Director
Allegan County CMHS, 3283 122nd Avenue, P.O. Box 130, Allegan, Michigan 49010
Phone 269-673-6617, ext. 2716; Fax 269-686-5202; email mwitte@accmhs.org