Marion County Local Alcohol and Drug Planning Committee
Supplemental Questionnaire
*Please complete this supplemental questionnaire and submit with your completed Advisory Board Application to be considered for a position on the Local Alcohol & Drug Planning Committee (LADPC). In accordance with ORS 430.075(1) twenty percent of the committee shall be consumers, with representation balanced by age.*

Name:Click or tap here to enter text. Age: Click or tap here to enter text.

Ethnicity:Click or tap here to enter text. Race: Click or tap here to enter text.

|  |
| --- |
| 1. In what part of Marion County do you live? (Please fill in town/city)
 |
|  |  |
|  | [ ]  Canyon (Stayton, Mill City, Detroit: Click or tap here to enter text. |
|  | [ ]  North Marion (Woodburn, Mt. Angel, Silverton): Click or tap here to enter text. |
|  | [ ]  South Marion (Jefferson, Turner): Click or tap here to enter text. |
|  | [ ]  Salem/Keizer: Click or tap here to enter text. |
|  | [ ]  Other: Click or tap here to enter text. |
| 1. I currently work or have worked in the following fields *(Please select all that apply):*
 |
| Field | Current | Past | Was this in Marion County? |  Comments |
| Yes |   No |
| Mental health care | [ ]  | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| Physical health care | [ ]  | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| Services to persons with disabilities | [ ]  | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| Dental health care | [ ]  | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| Alcohol & Drug treatment | [ ]  | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| Public health services | [ ]  | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| Education K-12 | [ ]  | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| Education Post-Secondary | [ ]  | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| 1. I am a member of AND have an interest in representing the following group(s):

*(Please select all that apply)* |
|  |  |
| [ ] Senior (65+) | [ ] 16-22 years old  |
| [ ] Current or former user of mental health services (self or family)  | [ ] Current or former user of substance abuse services (self or family)  |
| [ ] Persons with disabilities (self or family) | [ ] Under-represented racial or ethnic group. Please specify: Click or tap here to enter text. |
| [ ] Other: Click or tap here to enter text. |
|  |
| 1. How did you learn about the Local Alcohol and Drug Planning Committee vacancy?
 |
| Click or tap here to enter text. |
| 1. What is your primary area of interest?
 |
| Click or tap here to enter text. |
| 1. Do you know of any potential conflicts you may have if you are selected for appointment to LADPC?
 |
| [ ] Yes [ ]  NoIf yes, how do you see resolving the conflict?Click or tap here to enter text. |

**Sign a hard copy:**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 - Or -

**Sign electronically:**

By typing my name in the text box below, I confirm all the information on this questionnaire is true to the best of my knowledge.

Click or tap here to enter text.

**Thank you!**