Marion County Mental Health Advisory Committee
Supplemental Questionnaire
*Please complete this supplemental questionnaire and submit with your completed Advisory Board Application to be considered for a position on the Mental Health Advisory Committee (MHAC). 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. |
| [x]  Other: Click or tap here to enter text. |  |
|  |
| 1. How did you learn about the Mental Health Advisory 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 MHAC?
 |
| [ ]  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!**