



MEMBERSHIP APPLICATION FORM

The North Dakota Mental Health Planning Council is a twenty-seven member board with membership appointed by the Governor of North Dakota. The Council's objective is to monitor, review, and evaluate the allocation and adequacy of mental health services in the state. Each board member is appointed to a three-year term.

Individuals interested in serving on the Council are invited to complete and submit an application form. Only fully-completed applications will be considered. The Council will review the application and submit their recommendations to the Governor for final selection.

Completed application should be submitted to: North Dakota Mental Health Planning Council, c/o Gail Allensworth, North Dakota Department of Human Services, Division of Mental Health and Substance Abuse Services, 1237 West Divide Avenue, Suite 1C, Bismarck, ND 58501

Applicant Name: _____

Mailing Address: _____

Street

City

State

Zip

Telephone: _____

Home

Work

Email: _____

List three references who could verify your eligibility and ability to serve on the Council:

Name	Address	Telephone
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Name	Address	Telephone
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Name	Address	Telephone
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I am interested and eligible to serve on the North Dakota Mental Health Planning Council because I am: (please check one)

- An adult diagnosed with a serious mental illness
- A family member of a child diagnosed with a serious emotional disturbance
- A member of the North Dakota Legislative Assembly
- A member of the general public
- A representative of an advocacy group (please check one):
 - Mental Health America of North Dakota
 - NAMI North Dakota
 - ND Federation of Families for Children's Mental Health
 - Protection and Advocacy Project of North Dakota,
- A representative of a Principal State Agency that is designated as a member by virtue of your office (please check one):

<input type="checkbox"/> Mental Health	<input type="checkbox"/> Social Services
<input type="checkbox"/> Vocational Rehabilitation	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Minority Populations
<input type="checkbox"/> Education	<input type="checkbox"/> Aging
<input type="checkbox"/> Housing	

Please describe any education, volunteer activity, employment, or personal experiences that qualify you to be a member of the Council.

Please describe why you are interested in serving on the Council.

Please explain any special accommodations you may need to participate as a Council member.

If selected to serve on the North Dakota Mental Health Planning Council, I will commit myself to active, involved participation on the Council, to promote the human, civil, and legal rights of individuals with mental illness, and to execute my duties in a manner consistent with this pledge.

Signature

Date