

## LHRC APPLICATION FORM

NAME OF Local Human Rights Committee: \_\_\_\_\_

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Today's Date: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Current (or most recent) Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation/ profession (if retired, list previous occupation): \_\_\_\_\_

Educational Background: \_\_\_\_\_

Please check categories in which you are eligible or willing to serve:

\_\_\_\_ Family Member \_\_\_\_ Consumer\* \_\_\_\_ Healthcare Provider \_\_\_\_ Professional

\*An individual who is receiving or has received services within the last 5 years.

Have you ever been employed by, or a member of the board of directors (i.e.; CSB) or a volunteer of a program operated, funded or licensed by the Department of Behavioral Health & Developmental Services?

Yes\_\_\_\_ No\_\_\_\_

If so, name of program (or programs): \_\_\_\_\_

Capacity in which you served: \_\_\_\_\_

Dates of service: \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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**LHRC APPLICATION FORM  
CONTINUED**

Please describe your education, training or experience in the area of Mental Health, Intellectual Disabilities/Mental Retardation or Substance Abuse Services, if any.

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What is your interest in serving on a Local Human Rights Committee?

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As a member of the Local Human Rights Committee, what do you think will be your biggest challenge and will you be able to attend meetings regularly?

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Applicant's Signature:

Reviewed for completeness by:

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## LHRC REAPPOINTMENT APPLICATION FORM

NAME OF LHRC: \_\_\_\_\_

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Today's Date:

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

\_\_\_\_\_  
Street Address:

\_\_\_\_\_  
City, State, Zip:

\_\_\_\_\_  
Telephone #:

\_\_\_\_\_  
Current (or most recent) Employer:

\_\_\_\_\_  
Employer's Address:

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Occupation/ profession (if retired, list previous occupation):

\_\_\_\_\_  
Educational Background:

\_\_\_\_\_  
Please check categories in which you are eligible or willing to serve:

\_\_\_\_ Professional    \_\_\_\_ Family Member    \_\_\_\_ Consumer    \_\_\_\_ Healthcare Provider

\_\_\_\_\_  
What did you find most rewarding about your service on the LHRC?

\_\_\_\_\_  
Did you feel the training you received was sufficient? Why or why not?

\_\_\_\_\_  
What recommendations do you have for improvement of the LHRC?

\_\_\_\_\_  
Applicant's Signature:

\_\_\_\_\_  
Reviewed for completeness by: