



## Behavioral Health Crisis System Advisory Committee Membership Application

### Personal Information

Name:

Preferred Pronouns:

Mailing Address:

City, State, Zip:

Email Address:

Phone Number:

Will you be representing an organization?      Yes      No

If yes, please share the name of the organization.

Will you generally be available to attend monthly committee and/or subcommittee meetings lasting 2-3 hours for a term of up to two years?      Yes      No

Please list any other OHA councils or committees you are currently a member of. If none, please enter N/A.

**Please select which seat(s) you are applying for. You may choose more than one:**

Certified Peer Support Specialist

Consumer of youth & family behavioral health services

## **Scored Application Questions**

What perspective, skills or life experience would you bring to the Behavioral Health Crisis System Advisory Committee? Please feel free to include any information you like to share about lived experience with behavioral health, race, ethnicity, language, disability, sexual orientation, or gender identity.

Why are you interested in being a member of the Behavioral Health Crisis System Advisory Committee?

Please describe your related experience, content expertise, and any collaborative efforts you have been involved with and how you contributed; **OR** submit a resume that addresses your experience, efforts, and contributions.