

APPLICATION FOR APPOINTMENT TO THE BOARD OF DIRECTORS

Members are appointed for a term of four years, and may be reappointed to a second four year term. Each member is a public official and serves without compensation except for reimbursement of actual and necessary expenses incurred in the performance of the official duties. The official responsibilities of membership on the County of Summit Alcohol, Drug Addiction & Mental Health Services (ADM) Board are outlined from two sources: Section 340 of the Ohio Revised Code and the Board's Governance Policies. Board meetings will be held at least once a month. Other duties may include participation on board committees, attendance at training sessions, reviewing reports, and involvement in advocacy efforts which may require up to five hours per month.

Date:			
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Name:			
Home Address:			Apt. #:
City:	State:	Zip:	
	Cell Phone:		
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Employer Name:		Title:	
Employer Address:			Suite #:
City:	State:	Zip:	
Work Phone:	Fax:	_	
Department of Mental H	Health & Addiction Services.		Executive, and six (6) by the Oh ddiction Services:
	or past consumer of mental heal		
	or past consumer of addiction se		
	member of a consumer of menta		
Family	member of a consumer of addict	tion services	
	n with experience in delivery of	mental health services	
Clinicia	n with experience in delivery of	addiction services	
Appointment from	the County Executive:		
	t of Summit County and interest tal health services and/or a		ices



Board members serve in the capacity of public officials and are prohibited from serving under some specific circumstances. Checking one of the boxes below may indicate that you have a conflict which disqualifies you from being considered for an ADM Board vacancy. Please review carefully and check all that apply:

A board member of any agency that has a contract with the County of Summit ADM Board for provision of services or facilities.

An employee of any agency that has a contract with the County of Summit ADM Board for provision of services or facilities.

A person whose spouse, child, parent, brother, sister, grandchild, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, daughter-in-law, brother-in-law, or sister-in-law serves as a member of the board or is an employee of any agency that has a contract with the County of Summit ADM Board for provision of services or facilities.

A person whose spouse, child, parent, brother, sister, grandchild, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, daughter-in-law, brother-in-law, or sister-in-law serves as the Summit County Executive or member of the Summit County Council.

Why do you want to become a member of the County of Summit ADM Board? (*Please add additional sheets as needed.)

Education/Areas of expertise and skill sets: *

Please return completed form to the address below, or submit via email to oliviaw@admboard.org

County of Summit ADM Board ATTN: ADM Board of Directors – Membership Chair 1867 West Market Street, Suite B2 Akron, OH 44313