

QUESTIONNAIRE FOR PROSPECTIVE KANSAS CONSUMER ADVISORY COUNCIL BOARD MEMBERS

I. PERSONAL INFORMATION

Name: _____

Ethnicity: _____ Date of Birth _____

Address: _____

E-mail: _____ Home Telephone: _____

Fax: _____ Office Telephone: _____

Are you a CAC Member? Yes No Are you involved with a local CRO? (CRO Name) _____

Position Running For? (please mark only one position - marking more than one will make the application void)

Region 4 Urban CROs Peers as Providers Native Communities

Are you related to any CAC Employee or Board of Director's Member? Yes No

Emergency Contact: _____

II. SKILLS/EXPERIENCE/PROFESSION/CONSTITUENCY (Check all that apply.)

<input type="checkbox"/> Financial Management	<input type="checkbox"/> Mental Health Consumer
<input type="checkbox"/> Legal	<input type="checkbox"/> Family Member of Mental Health Consumer
<input type="checkbox"/> Marketing / Public Relations	<input type="checkbox"/> Peer Specialists / Peer Leadership
<input type="checkbox"/> Legislative / Advocacy	<input type="checkbox"/> Religious Community
<input type="checkbox"/> Training	<input type="checkbox"/> Human Resources
<input type="checkbox"/> Research	<input type="checkbox"/> Leadership Academy
<input type="checkbox"/> Fundraising	<input type="checkbox"/> State / National Association / Coalition
<input type="checkbox"/> Organizational Development	<input type="checkbox"/> Government
<input type="checkbox"/> Internet Technology	<input type="checkbox"/> Human Services
<input type="checkbox"/> Business	<input type="checkbox"/> Other: _____

Languages spoken: _____

Please elaborate on areas checked: _____

III. REFERENCES - Please list at least two personal references who are familiar with your activities. Be sure to include name, phone number and email address.

Name:	Name:
Phone #:	Phone #:
Email:	Email:

IV. BOARD/COMMITTEE/COMMUNITY EXPERIENCE - Briefly describe relevant experiences

V. EDUCATIONAL BACKGROUND

VI. CURRENT EMPLOYMENT

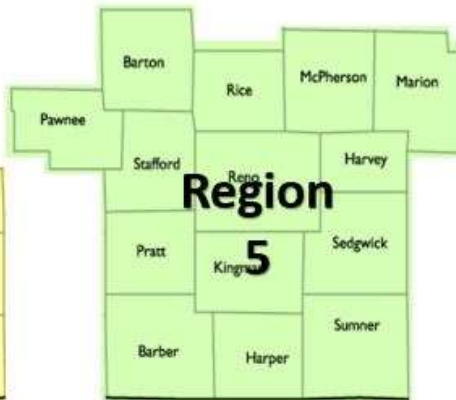
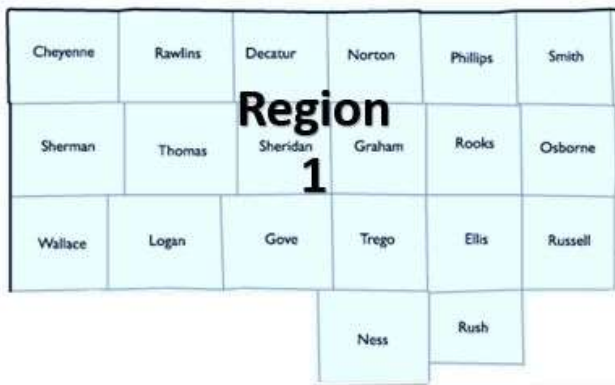
VII. In the space provided, please briefly state why you would like to join the Kansas CAC Board of Directors (use and additional sheet of paper, if needed):

If you are elected to the CAC, it is a requirement that you be a graduate of the Leadership Academy. If not, you will be expected to enroll in the next class.

Are you a graduate of the Leadership Academy? _____

Signature: _____ Date: _____

CAC Council Regions



Region 4 Representative: To run for this position, you must reside within Region 4. (Counties of Clark, Comanche, Edwards, Finney, Ford, Grant, Gray, Greeley, Hamilton, Haskell, Hodgeman, Kearny, Kiowa, Lane, Meade, Morton, Scott, Seward, Stanton, Stevens and Wichita)

Urban CROs Representative: To run for this position, you currently be a member of an Urban CRO. (Caring Place, Project Independence, S.I.D.E., Sunshine Connection, Recovery and Hope Network (RAHN), CROs Nest, Morning Star)

Peers as Providers Representative: To run for this position, you must be a Certified Peer Specialist in the state of Kansas.

Native Communities Representative: To run for this position, you must be a Native American, and live within a native community.

Please note: anyone elected to the CAC Board of Directors is subject to a federal background check. Meetings are quarterly, and attendance is expected. Reliable transportation is important to being able to successfully serve on the board.