

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 Applying For? (please mark only one position - marking more than one will make the application void)
 Region 2 Region 4 Peers as Providers Rural CROs
 Emerging Leader of Tomorrow Native Communities Dual Diagnosis
Are you related to any CAC Employee or Board of Director's Member? Yes No

Emergency Contact
Name: _____
Phone Number: _____

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

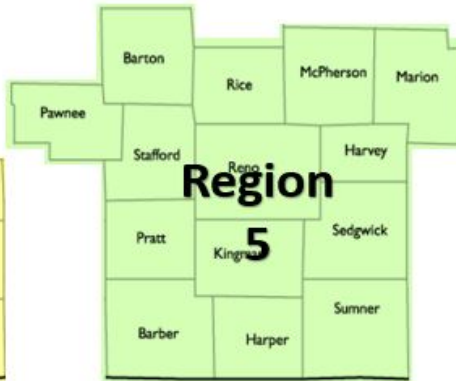
VII. In the space provided, please briefly state why you would like to join the Kansas CAC Board of Directors (use an additional sheet of paper, if needed):

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 2 Representative: To run for this position, you must reside within Region 2.

(Counties represented: Clay, Cloud, Dickinson, Ellsworth, Geary, Jewell, Lincoln, Marshall, Mitchell, Ottawa, Patowatomie, Republic, Riley, Saline and Washington)

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

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

Emerging Leader of Tomorrow Representative: To run for this position, you must be between the ages of 18 and 25.

Native Communities Representative: To run for this position, you must live within a Native Community in the State of Kansas.

Please note: anyone elected or appointed 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.