

**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 4  Urban CROs  Dual Diagnosis  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.)**

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/Public Service Announcements	<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: _____	<input type="checkbox"/>

Languages Spoken: \_\_\_\_\_  
 Please elaborate on areas checked:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III. REFERENCES - Please list at least two personal references who are familiar with your activities. Please include name, phone number and e-mail address.**

\_\_\_\_\_

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**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):**

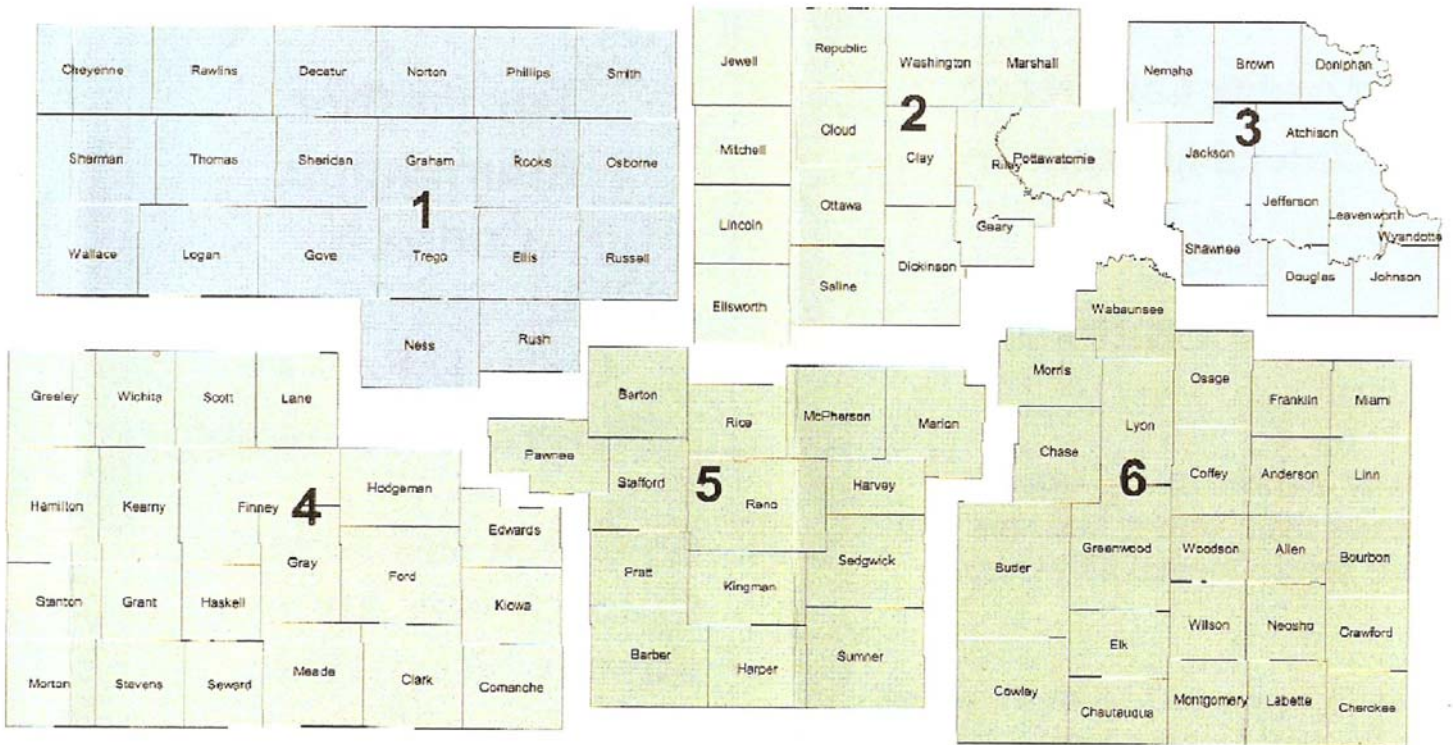

If you are appointed to the CAC, it is a requirement that you be a graduate of the Leadership Academy. If not, you will be expected to enroll in the next class. Are you a graduate of the Leadership Academy? \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return to: Kansas CAC, Attention Melissa Patrick, 238 North Mead, Wichita, KS 67202

## Consumer Advocacy Council Regions



**Region 4 Representative:** To run for this position, you must reside within Region 4.

**Urban CROs Representative:** To run for this position, you must be a member of an urban CRO.

**Dual Diagnosis Representative:** To run for this position, you must have a dual diagnosis (substance use and mental health).

**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.*