**Region 5 Systems**

**Membership Application**

**for**

**Behavioral Health Advisory Committee**

→ Note: Region 5 Systems will conduct a background checks investigation on applicants prior to nomination for appointment to serve on the Behavioral Health Advisory Committee (release forms are included with the application). Background checks include: Adult and Child Protective Services; Department of Motor Vehicles; Lincoln Police Department; Nebraska State Patrol; and Sex Offender Registry (checks are conducted for the past 7 years).

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| --- | --- |
| Name: | County of Residence: |
| Home Address: | Zip Code: |
| Daytime Phone: | Evening Phone: |
| E-mail: |  |
| Present Employer & Occupation:  Education and/or Training:  List any organizations you are a member of: | |

**Please check all applicable categories below that you would be representing:**

|  |  |  |
| --- | --- | --- |
| Behavioral Health Professional  Behavioral Health Employee  Rep. of Behavioral Health Org.  Consumer of Mental Health  Consumer of Substance Abuse | Family Member of Adult Consumer  Family Member of Child Consumer  Community at Large  Community Organization/Agency  Vocational | Corrections/Law Enforcement  Educational  Private Sector  Government  Other (Please define) |

Ethnic Background:       Age: Over 65  56-65  46-55  30-45  20-29

|  |
| --- |
| References - Please list at least two references (name, address, daytime phone number) |

**Please respond to the following:**

Describe any relevant experience and knowledge you have in the behavioral health field.

What will you be contributing to this committee?

What is your primary interest in serving on this committee?

What is your availability to commit to the BHAC’s meeting schedule? (Wednesdays, 9:00 a.m. to 11:30 a.m.)

Return application and background check forms to: Amanda Tyerman Harper, Director of Network Services

Region 5 Systems

3600 Union Drive

Lincoln, NE 68516