



# Athens-Hocking-Vinton 317 Board Member Information

## Board Member Applicant Information

Date Completed					
Name:					
Address:					
Street					
City		State		Zip	
Home Phone Number:		Cell Phone Number:			
County of Residence:	Athens <input type="checkbox"/> Hocking <input type="checkbox"/> Vinton	E-Mail Address:			
Employer:					
Title:					
Employer's Address:					
Street					
City		State		Zip	
Employer's Phone Number:		Employer's Fax Number:			
Preferred Method of Contact:	Daytime (8:00a.m –5:00p.m.)	<input type="checkbox"/> Work Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax			
Preferred Mailing Address:	<input type="checkbox"/> Home Address <input type="checkbox"/> Employer's Address <input type="checkbox"/> Other				
Why are you interested in serving on the 317 Board?					



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We try to avoid interrupting your work day and will not contact you by telephone unless it is extremely important. Information for monthly board meetings will be uploaded to our website. Announcements will be sent via e-mail. Please contact the board with any changes to the above information.

ADDITIONAL INFORMATION (For reporting purposes to the Ohio Department Mental Health & Addiction Services)

**Please check the boxes that apply to you.**

### **Alcohol, Drug and Gambling Addiction Services**

- ☐ As member of the Board, I am interested in alcohol, drug or gambling addiction services.
- ☐ I have received or am currently receiving addiction services paid for by public funds.
- ☐ I am a parent or a relative of a person who has received or is currently receiving addiction services paid for by public funds.
- ☐ I am a clinician experienced in delivering addiction services.

**If you are a clinician please complete the following:**

\_\_\_\_\_  
Name of profession

\_\_\_\_\_  
State of Ohio License Number and Expiration date of current license/certification

\_\_\_\_\_  
Name of regulatory board in Ohio

### **Mental Health Services**

- ☐ As a member of the Board, I am interested in mental health services.
- ☐ I have received or am currently receiving mental health services paid for by public funds.
- ☐ I am a parent or a relative of a person who has received or is currently receiving mental health services paid for by public funds.
- ☐ I am a clinician experienced in delivering mental health services.

**If you are a clinician please complete the following:**

\_\_\_\_\_  
Name of profession

\_\_\_\_\_  
State of Ohio License Number and Expiration date of current license/certification

\_\_\_\_\_  
Name of regulatory board in Ohio

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## PERSONAL QUALIFICATION ASSURANCES

Place a check mark for the following two statements. If you answer yes, please print the name of the agency in the space provided.

Yes	No	I am a member of the governing board for an agency with whom the Athens-Hocking-Vinton 317 Board has a contract for services or facilities. <hr/> Name of Agency	
Yes	No	I am an employee of an agency with whom the Athens-Hocking-Vinton 317 Board has a contract for services or facilities, or the employee of an agency with an ODMHAS Medicaid Agreement. <hr/> Name of Agency	
<b>NOTE:</b> If you answered yes to one or more of the above statements, you are not eligible for appointment.			
Yes	No	N/A	Will you resign as a board member of the agency if appointed to the Athens-Hocking-Vinton 317 Board?
Yes	No	N/A	Will you terminate your employment with the agency if appointed to the Athens-Hocking-Vinton 317 Board?

## FAMILY QUALIFICATION ASSURANCES

Place a check mark for the following two statements. If you answer yes to one or more of the statements, print the additional information requested for the applicable statement in the space provided.

I have a spouse, child, parent, brother, sister, grandchild, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law who:

Yes	No	<p>a. Serves as a member of the governing board of an agency with whom the Athens-Hocking-Vinton 317 Board has a contract for services or facilities.</p> <hr/> <p>Name of family member Relationship</p> <hr/> <p>Name of Agency</p> <p>Will he/she resign as a board member of the agency if you are appointed to the Athens-Hocking-Vinton 317 Board?</p>
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FAMILY QUALIFICATION ASSURANCES (continued)		
Yes	No	<p>b. Serves as an employee of an agency with whom the Athens-Hocking-Vinton 317 Board has a contract for services or facilities.</p> <p>_____ Name of family member Relationship</p> <p>_____ Name of Agency</p> <p>Will he/she terminate employment with the agency if you are appointed to the Athens-Hocking-Vinton 317 Board?</p>
Yes	No	<p>c. Serves as a county commissioner of a county in the Athens-Hocking-Vinton 317 Board's service district.</p> <p>_____ Name of family member Relationship</p> <p>_____ County for which he/she is a county commissioner</p> <p>Will he/she resign as county commissioner if you are appointed to the Athens-Hocking-Vinton 317 Board?</p>
<p><b>Population Equality Representation Declaration</b></p> <p>OhioMHAS is required to assure that member appointment reflects the composition of the population of the service district as to race and sex. The following information is used to assure equal representation. Completion of the following section is voluntary and is not required to consider or appoint you as a Board member but does give you the opportunity to declare how you identify yourself. Please check all that apply and specify as you wish.</p> <p><b>Race:</b> <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other</p> <p><b>Ethnicity:</b> <input type="checkbox"/> Appalachian <input type="checkbox"/> Hispanic <input type="checkbox"/> Latino/Latina <input type="checkbox"/> of Spanish origin <input type="checkbox"/> Other _____</p> <p><b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other</p> <p>_____ Signature of Applicant Date</p>		

**Thank you for your interest in serving on the 317 Board.**

Please return this form to:

Beth Mohammed, Executive Assistant at [beth@317board.org](mailto:beth@317board.org) or mail  
to 7990 Dairy Lane, Athens, OH 45701- Fax: 740-592-1996.