

Application for Committee Appointment
Geauga County
470 Center Street-Building 4
Chardon, OH 44024

COMMITTEE/COMMISSION APPLYING FOR

Geauga County Board of Mental Health and Recovery Services

NAME OF CANDIDATE

First

Middle

Last

ADDRESS: _____

TELEPHONE: Work _____

 Home _____

EDUCATION

HIGH SCHOOL _____ DATE OF GRADUATION: _____

POST-HIGH SCHOOL EDUCATION: _____

EMPLOYMENT HISTORY

PRESENT EMPLOYER: _____

YOUR TITLE & DUTIES: _____

PREVIOUS EMPLOYER(S): _____

YOUR TITLE & DUTIES: _____

Note: To provide your complete employment history, attach additional information if necessary.

STATEMENT: (please provide a brief statement as to why you feel you are qualified for this appointment)

Please answer the following questions:

Are you a board member of any provider with which the Board of Alcohol, Drug Addiction, and Mental Health Services has entered into a contract for the provision of services or facilities?

Yes _____ No _____

Are you an employee of any provider with which the Board of Alcohol, Drug Addiction, and Mental Health Services has entered into a contract for the provision of services or facilities?

Yes _____ No _____

Do you 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, or sister-in-law who serves as a board member of any provider with which the Board of Alcohol, Drug Addiction, and Mental Health Services has entered into a contract for the provision of services or facilities?

Yes _____ No _____

Do you 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, or sister-in-law who serves as a County Commissioner of a County or Counties in the Alcohol, Drug Addiction, and Mental Health Service District?

Yes _____ No _____

Signature

Date of Application