



APPLICATION FOR APPOINTMENT TO THE BOARD OF DIRECTORS

Members are appointed for a term of four years, and may be reappointed to a second four year term. Each member is a public official and serves without compensation except for reimbursement of actual and necessary expenses incurred in performance of the official duties. The official responsibilities of membership on the County of Summit Alcohol, Drug Addiction & Mental Health Services (ADM) Board are outlined from two sources: Section 340 of the Ohio Revised Code and the Board's Governance Policies. Board meetings will be held at least once a month. Other duties may include participation on board committees, attendance at training sessions, reviewing reports, and involvement in advocacy efforts which may require up to five hours per month.

Date: _____

You must be a current resident of Summit County to serve on the ADM Board of Directors.

 Name: _____

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

 Employer Name: _____ Title: _____

Employer Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

How did you learn about the ADM Board? **Newspaper** **Facebook** **Website** **Personal Contact**

What appointment fits your background and experience? (Check all that apply.)

The ADM Board of Directors is comprised of 14 community volunteers who serve through appointments made by two appointing authorities. By statute, eight (8) appointments are made by the County Executive, and six (6) by the Ohio Department of Mental Health & Addiction Services.

Ohio Mental Health & Addiction Services required categorical appointments. Please check all that apply below:

- Present or past consumer of mental health services
- Present or past consumer of addiction services
- Family member of a consumer of mental health services
- Family member of a consumer of addiction services
- Clinician with experience in delivery of mental health services
- Clinician with experience in delivery of addiction service
- General interest in mental health services (County Appointments Only)
- General interest in alcohol or other addiction services (County Appointments Only)

Board members serve in the capacity of public officials and are prohibited from serving under some specific circumstances. Checking one of the boxes below may indicate that you have a conflict which disqualifies you from being considered for an ADM Board vacancy. Please review carefully and check all that apply:

- A board member of any agency that has a contract with the County of Summit ADM Board for provision of services or facilities.
 - An employee of any agency that has a contract with the County of Summit ADM Board for provision of services or facilities.
 - A person whose spouse, child, parent, brother, sister, grandchild, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, daughter-in-law, brother-in-law, or sister-in-law serves as a member of the board or is an employee of any agency that has a contract with the County of Summit ADM Board for provision of services or facilities.
 - A person whose spouse, child, parent, brother, sister, grandchild, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, daughter-in-law, brother-in-law, or sister-in-law serves as the Summit County Executive or member of the Summit County Council.
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Why do you want to become a member of the County of Summit ADM Board? (*Please add additional sheets as needed.)

Education/Areas of expertise and skill sets: (*You may attach a resume or curriculum vitae as needed.)

Please return completed form to the address below, or submit via email to hagyk@admboard.org

County of Summit ADM Board
ATTN: ADM Board of Directors – Membership Chair
1867 West Market Street, Suite B2
Akron, OH 44313

Population Equality Representation Declaration

The County of Summit ADM Board 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.

Race: White/Caucasian Black/African American American Indian Alaska Native

Asian Native Hawaiian or Pacific Islander Other _____

Prefer not to answer

Ethnicity: Appalachian Hispanic Latino/Latina of Spanish origin Other _____

Prefer not to answer

Gender: Female Male Other _____

Prefer not to answer