

APPLICATION FOR BOARD APPOINTMENT

Geauga County
12611 Ravenwood Drive, Suite 350
Chardon, OH 44024

Application Type (Select one) ☐ New Application ☐ Renewal Application Term
(Select one) ☐ Full Term ☐ Partial Term

Geauga County Board of Mental Health and Recovery Services

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 the performance of the official duties. The official responsibilities of membership on the Geauga County Board of Mental Health and Recovery Services Board are outlined in Section 340 of the Ohio Revised Code.

Date_____

.....
Name_____

Home Address _____

City_____ State _____ Zip _____ County _____

Phone_____ Email Address _____

.....
Employer Name_____

Title_____

Employer Address _____

City_____ State_____ Zip_____

Work Phone_____

High School _____

Date of graduation _____

Post High School Education _____

Areas of Expertise/Skill Sets _____

.....

Community Organization Affiliations (past and present)

Name of Organization _____ Start and End Date _____

Name of Organization _____ Start and End Date _____

Name of Organization _____ Start and End Date _____

.....

Conflict of Interest Assurance (by initialing each statement, I attest that the statement is true):

Neither I, nor my 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 serves on the governing board of any provider with which the board of mental health and recovery services which I am applying for board membership has entered into a contract for the provision of services or facilities.

Initials _____

I am not an employee of any provider that the board of mental health and recovery services, for which I am applying for board membership, has a contract with for services or facilities.

Initials _____

Neither I, nor my spouse, child, parent, brother, sister, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, nor sister-in-law serves as a county commissioner of a county or counties in the board of mental health and recovery services district.

Initials _____

Are you a Clinician? ☐ YES ☐ NO

Appointment Type (Applicants can select both mental health clinician and addiction clinician if they are qualified by scope of practice or licensure.)

Mental Health ☐ Clinician ☐ Consumer ☐ Family Member ☐ Other_____

Addiction ☐ Clinician ☐ Consumer ☐ Family Member ☐ Other_____

Gambling ☐ Clinician ☐ Consumer ☐ Family Member ☐ Other_____

.....

References

Name _____ Phone Number _____

Email_____ ☐ Professional ☐ Personal

Name _____ Phone Number _____

Email_____ ☐ Professional ☐ Personal

Name _____ Phone Number _____

Email_____ ☐ Professional ☐ Personal

Please describe why you want to be appointed as a member of the Geauga County Board of Mental Health and Recovery Services.
(Please add additional sheets as needed.)

Volunteer (unpaid) Board Member Duties

- Attend all board meetings
- Attend annual board member training
- Maintain professional licenses (if applicable) and
- Serve on applicable subcommittees of the board

Applicant's Statement:

I have read and completed the application accurately and honestly. I attest that I am a resident of the County specified; I deny any conflicts of interest and agree to fulfill Volunteer Board Member Duties to the best of my ability. I acknowledge that service on the Board is unpaid (with reimbursement for mileage and authorized expenses only) and provides me with an opportunity to serve my local community. I understand that the appointment makes me ineligible to be employed at a contract provider of the Board. If such employment should be desired in the future, I will follow all directives of the Ohio Ethics Commission, including resigning from the Board and completing the prescribed waiting period before accepting employment with a contract agency.

I understand and agree that all information contained in this application is a public record. I Hereby grant the Geauga County Board of Commissioners permission to release my application, including my status as a consumer of either mental health or alcohol and drug addiction services, to anyone making a public records request seeking Board applications.

Signature_____ Date _____