

Volunteer Advisory Board Member Application Procedure

1. Fill out application (attached) and return to Ksea Cantonwine, at:
kcantonwine@grbhaso.org OR PO Box 210, Chehalis, WA 98532
2. Once application is received, ASO (and/or county where applicant lives) will conduct a thorough background check on the candidate.
3. Once the background check on applicant is completed and clear, the local governing body will appoint candidate to the Advisory Board.
4. Appointment will be recognized at the next available ASO Governing Board meeting.
5. Once appointment is acknowledged, the candidate's three-year term will start immediately.



GREAT RIVERS BH-ASO
PO Box 210 Chehalis, WA 98532
800.215.4460

VOLUNTEER ADVISORY BOARD MEMBERSHIP APPLICATION

The following information will assist us in the selection process. Please help us in getting to know you.

CONFIDENTIAL: All information will be confidential. Inclusion of personal and other information is requested to comply with nondiscrimination, affirmative action and other state and federal requirements. Disclosure of such information is optional.

NAME: _____

ADDRESS (Home): _____

ADDRESS (Work): _____

E-MAIL ADDRESS: _____

Preference in mailings: Home Work E-mail Fax

HOME PHONE: _____ **WORK PHONE:** _____ **FAX:** _____

OCCUPATION: _____

EDUCATION: _____

VOLUNTEER EXPERIENCE:

Have you served in a volunteer capacity in any program(s) relating to the following area of human services?

Chemical Dependency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Developmental Disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prevention	<input type="checkbox"/> Yes	<input type="checkbox"/> No



ADMINISTRATIVE SERVICES ORGANIZATION

Housing

Yes

No

Have you served on a volunteer board or commission? If yes, please describe:

Have you served in any volunteer capacity (other than noted above)? Please describe:

CONSUMER EXPERIENCE:

Have you or any member of your immediate family, received services from any of the behavioral health or social services area?

Chemical Dependency

Yes

No

Mental Health

Yes

No

Developmental Disabilities

Yes

No

Housing

Yes

No

WORK EXPERIENCE:

Do you have paid work experience in any of the above area? If so, please describe:

AFFILIATIONS

Within the past year, have you or a member of your immediate family been employed by, or on the board of directors of, an agency funded, in part, by Cowlitz, Grays Harbor, Lewis, Pacific, or Wahkiakum Counties or Timberlands Regional Support Network?

Yes No



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If yes, agency name: _____

SPECIAL TRAINING:

Have you received special training in any of the listed service areas? Yes No

If yes, please describe:

RESIDENCE:

How long have you lived in Cowlitz, Grays Harbor, Lewis, Pacific, or Wahkiakum County? _____

MEETINGS:

Is there any reason you would be unable to attend scheduled meetings? _____

Would you be willing and able to attend meetings scheduled in addition to the regular board meetings? Yes No

ETHNIC INFORMATION (Optional):

- Caucasian, non-Hispanic
- Native American, non-Hispanic
- African American, non-Hispanic
- Asian/Pacific Islander, non-Hispanic
- Other, non-Hispanic
- Hispanic

DISABILITIES YOU PRESENTLY HAVE:

- Blind, low vision
- Deaf/Hard of hearing
- Physical/Mobility
- Developmental
- Mental Health



BACKGROUND CHECK AUTHORIZATION

I understand that in connection with my application, Great Rivers Behavioral Health Administrative Services Organization (GR BH-ASO) may use an outside agency to research and verify the information I have provided on my application. The agency will provide a report to GR BH-ASO.

I understand that the outside agency will obtain the information it deems appropriate from various sources including, but not limited to, the following: credit reporting agencies, current and past employers, criminal conviction records, Department of Licensing records, military records, school records and professional and personal references. I authorize, without reservation, any individual, corporation or other private or public entity to furnish GR BH-ASO all information about me.

The authorization and consent, in original, faxed, photocopied or electric form, shall be valid for this and any future reports and updates that may be requested by GR BH-ASO.

Yes

I give GR BH-ASO authorization to conduct a background check

COMMENTS (Optional)

In addition to the above, I wish to add:

Signature

Date

Please complete and return to Ksea Cantonwine, Administrative Assistant,
kcantonwine@grbhaso.org or to PO Box 210, Chehalis, WA 98532