



## Region 6 Behavioral Healthcare Behavioral Health Advisory Committee Membership Application

Name: \_\_\_\_\_

Home Address (include city, state & zip code): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Present Employer & Occupation: \_\_\_\_\_

Education and/or Training: \_\_\_\_\_

List any organizational memberships: \_\_\_\_\_

**Please check all applicable categories below that you would be representing:**

**Areas of Interest/Experience**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Behavioral Health Professional | <input type="checkbox"/> Corrections/Law Enforcement   | <input type="checkbox"/> Governmental   |
| <input type="checkbox"/> Education                      | <input type="checkbox"/> Community Organization/Agency | <input type="checkbox"/> Advocacy Group |
| <input type="checkbox"/> Vocational                     | <input type="checkbox"/> Other: Please specify _____   |   |

**County of Residence**

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Cass County  | <input type="checkbox"/> Dodge County      | <input type="checkbox"/> Douglas County |
| <input type="checkbox"/> Sarpy County | <input type="checkbox"/> Washington County |   |

**Community At Large**

- Consumer-Mental Health    Consumer-Substance Use    Family of Adult Consumer    Family of Child Consumer

*A consumer is defined as an individual or family member of an individual with lived experience with a mental illness or substance use disorder.*

*Community at Large is defined as persons who are self-identified consumers and/or family members of persons with lived experiences.*

**Race/Ethnicity (Mark all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian                               |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Hispanic or Latino                  |
| <input type="checkbox"/> Middle Eastern or North African  | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> White                            |  |

**References – Please list two references - personal or professional (name, address, daytime phone number)**

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**In the space below, please describe**

- Any relevant experience and knowledge you have in the behavioral health field
- What you will contribute to this committee
- Your primary interest in serving on this committee
- How you learned about this committee

Please return your application one of two ways: **email:** [bjackson@regionsix.com](mailto:bjackson@regionsix.com) or

**U.S.P.S.:** Region 6 Behavioral Healthcare, Attn: Beverly Jackson, 4715 South 132<sup>nd</sup> Street, Omaha, NE 68137