



**BRISTOL BAY AREA HEALTH CORPORATION
BEHAVIORAL HEALTH CENTER**

ADVISORY COMMITTEE APPLICATION FORM

Please answer every question to the best of your ability. This information will remain confidential. Thank you.

NAME _____ ADDRESS _____

PHONE # _____ AGE ____ SEX ____ OCCUPATION _____

RACE: WHITE _____ ALASKAN NATIVE _____
BLACK _____ AMERICAN INDIAN _____
HISPANIC _____ ASIAN/PACIFIC ISLANDER _____
OTHER _____

IF ALASKAN NATIVE, INDICATE ETHNICITY:

ALEUT _____ ATHABASCAN _____ ESKIMO – INUPIAT _____
ESKIMO - YUP'IK _____ HAIDA _____ TLINGIT _____
TSIMSHIAN _____ OTHER _____

CAN YOU SPEAK, READ, OR WRITE IN ANOTHER LANGUAGE? YES_ NO_
IF YES, PLEASE LIST:

LANGUAGE	SPEAK	READ	WRITE
_____	___	___	___
_____	___	___	___
_____	___	___	___

LENGTH OF TIME IN ALASKA:

LESS THAN 1 MONTH _____ 1 TO 6 MONTHS _____ 7 TO 11 MONTHS _____
1 TO 5 YEARS _____ 6 TO 10 YEARS _____ 10+ YEARS _____
BORN IN ALASKA _____

SKILLS OR EXPERTISE WHICH MIGHT BE USEFUL TO ADVISORY COMMITTEE:

FINANCIAL SKILLS _____ LEGAL SKILLS _____
PLANNING SKILLS _____ COMMUNITY RELATIONS _____
LEGISLATIVE/POLITICAL SKILLS _____
OTHER (PLEASE DESCRIBE) _____

EDUCATIONAL BACKGROUND: HIGHEST GRADE COMPLETED _____

LIST DEGREES, DIPLOMAS, CERTIFICATES EARNED:

EXPERIENCE ON OTHER BOARDS/COMMITTEES? YES _____ NO _____
IF YES, PLEASE LIST ANY OTHER BOARDS OR ORGANIZATIONS YOU ARE A MEMBER OF:

PLEASE STATE BRIEFLY WHY YOU WOULD LIKE TO SERVE ON THE ADVISORY COMMITTEE AND HOW YOUR CONTRIBUTION WILL BENEFIT THE COMMUNITIES YOU REPRESENT:

WILL YOU BE AVAILABLE TO ATTEND ADVISORY COMMITTEE MEETINGS ON A QUARTERLY BASIS? i.e., SEPTEMBER, DECEMBER, FEBRUARY, APRIL
YES _____ NO _____

ARE YOU, OR A FAMILY MEMBER, A PAST OR PRESENT CONSUMER OF MENTAL HEALTH AND OR SUBSTANCE ABUSE SERVICES?
YES _____ NO _____

THANK YOU FOR COMPLETING THIS APPLICATION. PLEASE RETURN TO:

BBAHC BEHAVIORAL HEALTH CENTER
ATTN: JAMES NEUMANN, BH DIVISION MANAGER
P.O. BOX 1517
DILLINGHAM, ALASKA 99576
or fax to: 842-5174 or 1-800-842-3875 or
email to: mwassily@bbahc.org