

APPLICATION FOR COUNTY OF ORANGE
Behavioral Health Services Act (BHSA)
Ad Hoc Planning Advisory Committee
Workgroup Co-Chair



Instructions: Please complete each section below. Be sure to enter the Behavioral Health Services PAC Committee Co-Chair for which you desire consideration. For information, please contact the Behavioral Health Service Act (BHSA) office at (714) 834-3104 or email: BHSA@ochca.com.

Committee Co-chair Component you are applying for (select all that apply):

- Full Service Partnership (FSP)
- Substance Use Disorder (SUD)
- Housing
- Behavioral Health Services and Support (BHSS)

Applicant Name and Contact Information:

- I certify I am a resident of Orange County.

First Name	Middle Name	Last Name
Primary Contact Number	Secondary Contact Number	
Email Address		

Current Employer: _____
(If applicable)

Occupation/Job Title: _____

Business Address: _____

Business Phone Number: _____

Employment History: Please attach a resume to this application and provide any information that would be helpful in evaluating your application.

Have you contracted with HCA within the last 5 years? If yes, please explain.

Do you own real or personal property or have financial holding which might present a potential conflict of interest?

Yes No

If selected, I acknowledge that my Co-Chair role on this committee requires me to provide objective, non-partisan input and leadership, free from undue influence or conflicts of interest. I commit to upholding this standard.

List all current professional or community organizations and societies of which you are a member.

<u>Organization/Society</u>	<u>From (Mo./Yr.)</u>	<u>To (Mo./Yr.)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand my application will be evaluated on my responses of the following criteria: relevant experience, commitment to role, communication skills, collaborative skills, and understanding of BHSA component goals.

Describe why you are interested in being co-chair for the component you selected above. Describe your experience in serving with other organizations or on committees, commissions, etc. What is your experience in facilitating workgroups or engaging community in planning processes?

Date _____ Applicant's Signature _____

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Date Received: _____ Date Referred: _____ Received by: _____