

Davie County North Carolina

Board of County Commissioners

Appointments

Davie County currently has a vacancy on the CenterPoint Human Services Board. The capacity of this vacancy is "Openly Declared Consumer: (a) with mental illness; (b) with development disabilities; or (c) in recovery from addiction". The appointment is to fill an unexpired term that ends on 08/31/11. The appointee would be eligible for two additional 3-year terms. The Board structure and composition is defined by NCGS 122C-118.1. The Board meetings are held the 4th Thursday of each month at 5:30 p.m., except there is no scheduled meeting in July and December.

If interested, please complete the attached application and return to Brenda Hunter, Clerk to the Board, 123 South Main St., Mocksville, NC 27028. Applications will be accepted until the position is filled.

DAVIE, FORSYTH & STOKES COUNTIES
APPLICATION FOR APPOINTMENT
to the
BOARD OF DIRECTORS OF CENTERPOINT HUMAN SERVICES
Local Management Entity

*****PLEASE PRINT, COMPLETE AND FAX TO*****
*****THE APPROPRIATE PERSON*****
*****FOR FORSYTH COUNTY – USE HYPERLINK BELOW*****

Davie County	Brenda Hunter	Fax: (336) 751-7408
Forsyth County	http://www.co.forsyth.nc.us/commissioners/committee	On right side of web page under "Open Appointments", Click on CenterPoint Human Services.
Stokes County	Darlene Bullins	Fax: (336) 593-2346

NAME _____ DATE _____

ADDRESS _____

CITY/COUNTY/STATE/ZIP _____

TELEPHONE: HOME _____ WORK _____ CELL _____

EMAIL ADDRESS _____

OCCUPATION _____

AREAS OF EXPERTISE _____

EDUCATIONAL BACKGROUND _____

SPECIAL INTERESTS _____

WHY WOULD YOU BE AN ASSET TO THE BOARD? _____

CURRENT/PRIOR BOARD EXPERIENCE _____

REFERENCES/CONTACT INFO:

1. _____

2. _____

Due to the 50% limit on board representation from the following categories under NC Statute, GS122C-118.1, the questions below must be answered.

- | Are you: | YES | NO |
|---|-------|-------|
| 1. A physician licensed under Chapter 90 of the General Statutes to practice medicine in North Carolina who, when possible, is certified as having completed a residency in psychiatry? | _____ | _____ |
| 2. A clinical professional from the fields of mental health, developmental disabilities or substance abuse (MH/DD/SA)? | _____ | _____ |
| 3. A family member or individual from a citizens' organization composed primarily of consumers or their family members representing the interests of individuals with MH/DD/SA? | _____ | _____ |
| 4. An openly declared consumer with mental illness, with developmental disabilities, or in recovery from addiction? | _____ | _____ |

Are you an individual/entity that currently contracts with a Local Management Entity (LME) for the delivery of mental health, developmental disabilities, and substance abuse services or do you work for such an individual or entity?

Do you have financial expertise?

If yes, please explain _____

Do you have business or management expertise?

If yes, please explain _____

Do you represent the interests of children?

If yes, please explain _____

Are you currently serving in one of more appointed or elected positions in any federal, state or local government agency?

If yes, please provide the following information:

Position: _____
 Organization: _____
 Date Term Ends: _____

Position: _____
 Organization: _____
 Date Term Ends: _____

Signed: _____

Date: _____