

MENTAL HEALTH AND RECOVERY BOARD OF ASHLAND COUNTY

Prospective Board Member Interest Form

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|--|-------------|---------|
| Name: | | Date: |
| Address | | |
| Home Phone: | Work Phone: | E-mail: |
| <p>Board members are appointed by the following: County Commissioners (appoint 10 Board members, general appointments) and the Ohio Department of Mental Health and Addiction Services (appoint 8 in the categories of: person with lived experience of mental illness and/or addiction, parent or relative of an individual with mental illness and/or addiction, and a clinician with experience in the delivery of mental health and/or addiction services). Please check any of the appointments you would consider below.</p> | | |
| <p>County Commissioners</p> <p><input type="checkbox"/> No Specific Criteria</p> | | |
| <p>Ohio Mental Health and Addiction Services (OhioMHAS)</p> <p><input type="checkbox"/> Mental Health or Chemical Dependency Professional</p> <p><input type="checkbox"/> In recovery from a mental illness and/or chemical dependency</p> <p><input type="checkbox"/> Family member of a person with mental illness and/or chemical dependency</p> | | |

Please complete and either mail to:

**Mental Health and Recovery Board of Ashland County
1605 County Road 1095
Ashland, Ohio 44805**

Or fax to: (419) 281-4988