



"A George Hills Company Administered JPA"

PROGRAM ADVISORY COMMITTEE APPLICATION

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|--|---|---|---|
| NAME: | | AFFILIATION: | |
| PHONE #: | | EMAIL: | |
| ADDRESS: | | | |
| PLEASE BRIEFLY DESCRIBE YOUR INTEREST IN SERVING ON THE CaIMHSA PROGRAM ADVISORY COMMITTEE: | | | |
| DEMOGRAPHICS | | | |
| GENDER: | <input type="checkbox"/> Male | | <input type="checkbox"/> Female |
| AGE: | <input type="checkbox"/> 18-25 <input type="checkbox"/> | <input type="checkbox"/> 26-40 | <input type="checkbox"/> 41-59 <input type="checkbox"/> 60+ |
| ETHNICITY: | <input type="checkbox"/> African American | <input type="checkbox"/> Latino/Chicano | <input type="checkbox"/> Native American |
| | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Asian Specify: _____ | <input type="checkbox"/> Other Specify: _____ |
| GEOGRAPHIC EXPERTISE: | <input type="checkbox"/> Urban | <input type="checkbox"/> Rural | <input type="checkbox"/> Suburban |
| COUNTY OF RESIDENCE: | <input type="checkbox"/> Superior | <input type="checkbox"/> Central | <input type="checkbox"/> Bay Area |
| | <input type="checkbox"/> Southern | <input type="checkbox"/> Los Angeles | |
| PROFESSIONAL AND LIVED EXPERIENCE: (please indicate if professional or lived experience): | | | |
| <input type="checkbox"/> County Behavioral Health Agency | <input type="checkbox"/> State Agency | <input type="checkbox"/> Business Community/Employer/ Employment Outplacement Staff | |
| <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Consumer <input type="checkbox"/> Family Members | <input type="checkbox"/> Health & Mental Health Providers | |
| <input type="checkbox"/> Insurance Industry | <input type="checkbox"/> K-12 <input type="checkbox"/> Higher Education | <input type="checkbox"/> Spiritual and Faith-Based Organizations | |
| <input type="checkbox"/> Older Adult Services | <input type="checkbox"/> Philanthropy | <input type="checkbox"/> Social Services <input type="checkbox"/> Family Law | |
| <input type="checkbox"/> Military Including VA and National Guard | <input type="checkbox"/> Survivors of Suicide & their Caregivers | <input type="checkbox"/> First Responders | |
| <input type="checkbox"/> Juvenile Justice Entities <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Criminal Justice System | <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Transgender <input type="checkbox"/> Queer/Questioning | <input type="checkbox"/> Children's Services <input type="checkbox"/> Transitional Age Youth | |
| <input type="checkbox"/> Underrepresented Racial & Ethnic Groups Specify: _____ | <input type="checkbox"/> Cultural Groups Specify: _____ | <input type="checkbox"/> Other Specify: _____ | |

Please complete and return by August 10, 2012 to Laura Li at fax (916) 859-4805 or scan and email to laura.li@georgehills.com.