

**APPLICATION FOR APPOINTMENT TO BERKELEY  
MENTAL HEALTH COMMISSION**

**NAME:** \_\_\_\_\_

**RESIDENCE ADDRESS:** \_\_\_\_\_

Street City Zip

**BUSINESS NAME/ADDRESS:** \_\_\_\_\_

Street City Zip

**OCCUPATION/PROFESSION:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **BUSINESS PHONE:** \_\_\_\_\_

I have been a resident of Berkeley since: \_\_\_\_\_

(Response optional) Sex: \_\_\_\_\_ Race (circle one): White Black Hispanic Asian Native American

I qualify for appointment under the following: (applicant must check one box, as appropriate)

\_\_\_\_\_ Representative of General Public Interest who shall be persons representing a broad range of disciplines, professions, and fields of knowledge.

\_\_\_\_\_ Representative of Special Public Interest who shall be persons or the parents, spouses, siblings, or adult children of persons who are receiving or have received mental health services from a City or County Bronzan-McCorquodale Program or any of its contract agencies, a state hospital, or any private nonprofit mental health agency.

I hereby state that neither my spouse nor myself is a full-time or part-time employee of City or County Mental Health Services, or an employee of the State Department of Mental Health, or an employee of a Bronzan-McCorquodale contract facility.

List any qualifications (work experience, education, attributes and training) which you feel would provide positive input to the work of the commission and the reason why you are interested in being appointed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please use another sheet of paper, if necessary.*

The following individuals are qualified to comment on my capabilities:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NO.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*The City of Berkeley's Conflict of Interest Code requires members of all City of Berkeley Commissions except the Youth Commission and Commission on Status of Women to file Statements of Economic Interests – FPPC Form 700. The Form 700 is a public document. For more information, please contact the City Clerk's Department at 981-6900, or visit our website at <http://www.ci.berkeley.ca.us/clerk/conflict/>.

*Please return this form to the office of the City Clerk*

