

LHRC APPLICATION FORM

NAME OF LHRC: _____

Today's Date:

Name:

Street Address:

City, State, Zip:

Telephone #:

Current (or most recent) Employer:

Employer's Address:

Dates of Employment: From ____/____/____ to ____/____/____

Occupation/ profession (if retired, list previous occupation):

Educational Background:

Please check categories in which you are eligible and willing to serve:

___ Professional ___ Family Member ___ Consumer ___ Healthcare Provider

Have you ever been employed by, or a member of the board of directors or a volunteer of a program licensed, operated or funded by the Department of Behavioral Health and Developmental Services?

Yes ___ No ___

If so, name of program (or programs):

Capacity in which you served:

Dates of service:

From ____/____/____ to ____/____/____

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CONTINUED**

Please describe your education, training or experience in the area of Behavioral Health and Developmental Services, if any.

What is your interest in serving on a Local Human Rights Committee?

As a member of the Local Human Rights Committee, what do you think will be your biggest challenge and will you be able to attend meetings regularly?

Applicant's Signature:

Reviewed for completeness by:
