



**INTEREST SURVEY  
FOR THOSE DESIRING TO SERVE ON THE  
STANISLAUS COUNTY  
MENTAL HEALTH BOARD**

ALL APPOINTMENTS ARE MADE BY THE  
STANISLAUS COUNTY BOARD OF SUPERVISORS

Please type and print

NAME \_\_\_\_\_  
First Middle Last

ADDRESS \_\_\_\_\_  
Street Address City State Zip Code

E-MAIL ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_  
Home Phone Work Phone or Cell Phone

1. What Supervisorial District do you live in? \_\_\_\_\_

2. Are you or your spouse a full-time or part-time employee of the County mental health services (including community agencies which have a contract with the Stanislaus County Behavioral Health and Recovery Services), an employee of the State Department of Mental Health, or an employee of, or paid member of the governing body, of a mental health contract agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

**(If yes, you are not eligible under State law to be a member of the Stanislaus County Mental Health Board.)**

3. How many hours could you devote each month to carrying out the duties of a Mental Health Board member? \_\_\_\_\_ hours per month

**Current law requires that 50 percent of the members of the Mental Health Board be consumer and family members.**

4. Have you ever received or are you currently receiving mental health services?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Have your parents, spouse, siblings or children ever received or are they currently receiving mental health services?  
Yes \_\_\_\_\_ No \_\_\_\_\_
6. What is your professional, work or volunteer background?  
(Please attach additional sheets if necessary.)
7. Education (high school, college, trade school, or training).  
**Note: There is no specific educational requirement.**
8. Do you have any special areas of interest in mental health? If so, please describe below. (Please attach additional sheets if necessary.)
9. What specific things would you like to accomplish as a member of the Mental Health Board? (Please attach additional sheets if necessary.)
10. What mental health or related interest groups/advisory groups/governing boards or organizations do you currently belong to? (Please attach additional sheets if necessary.)

A resume containing other pertinent information about yourself would be helpful to Board members in evaluating your application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return Interest Survey to:

Stanislaus County Mental Health Board  
800 Scenic Drive, Modesto, CA 95350  
(209) 525-6225  
Fax (209) 558-4326

**Please list three references with telephone numbers and attach to this form.**