



BOARD CANDIDATE APPLICATION FORM

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOME TELEPHONE _____

OCCUPATION _____

EMPLOYER ADDRESS _____

WORK TELEPHONE _____

DATE OF BIRTH ____/____/____ (month/day/year)

DRIVER'S LICENSE # _____ **STATE ISSUED** _____

Do you have access to transportation in your community ____ yes ____ no

Are you currently involved in a TMHC forming or existing chapter?

____ yes ____ no

Would you be available to devote approximately 16-20 hours a month to TMHC related business? ____ yes ____ no

Would you be available to attend Saturday and/or Sunday TMHC Board Meetings (Quarterly)? ____ yes ____ no

Austin Office:

608 Morrow St., Suite #103
Austin, TX 78752
800-860-6057 ~ 512-451-3191 (O)
512-451-8302 (F)

Dallas Office:

1545 Mockingbird Lane, Suite #3005
Dallas, TX 75235
866-705-7542 ~ 214-819-9911 (O)
214-819-9944 (F)

Please check your talents and interests _____ Artwork _____ Typing _____ Writing
_____ Public Speaking _____ Legal Rights _____ Fund Raising
_____ Legislative Advocacy _____ Consumer- Run Alternatives
Other _____

Education, Training, or Experience _____

Briefly Explain why you want to serve as a board member?

Additional comments or information you would like to add _____

Have you ever been convicted of a felony? _____ yes _____ no

If yes, explain _____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I understand that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal of acceptance to Texas Mental Health Consumers' State Board.
2. I understand that Texas Mental Health Consumers will check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with applicable statutes.

Signature: _____ Date: _____