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| **Mental Health, Developmental Disabilities & Addictive Diseases Advisory Council** | | |
| **APPLICANT INFORMATION** | | |
| Name: | | |
| Current address: | | |
| Apartment/Suite Number: | | |
| City: | State: | ZIP Code: |
| Region Number: | Race/Ethnicity (optional): | Gender (optional): |
| County of Residence: | | |
| Day Phone: | E-Mail: |  |
| Evening Phone: | Fax Number: |  |
| Cell Phone: | Best Way to Contact You: | |
| **ADVOCACY/PROFESSIONAL GROUP EXPERIENCE** | | |
| Please list any current or past associations with advocacy and/or professional groups working in the area of behavioral health or developmental disabilities including any positions held (attach separate sheet, if necessary): | | |
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| **ATTESTATION OF REGIONAL ADVISORY COUNCIL MEMBER** | |
| The purpose of this document is to certify that I am eligible for appointment to the Region 1 Regional Advisory Council.  I \_, do solemnly affirm the following: Print Name   * Please list all of your employers and boards that you have been a member of in the past two years (to present) * I am not the spouse, parent, child, or sibling of a council member of the Advisory Council or of any of the members or employees mentioned above on this list * I have no motivations of private or personal interest that would make my appointment improper or appear improper * To my knowledge neither my spouse, parents, children, or siblings are members of the DBHDD Regional Advisory Council for which I am applying, nor are they employees or board members of any entity that contracts with or receives funds from the DBHDD, DHS, OR DPH. To address any concern on this matter, I can call DBHDD Office of Statewide Community Relations at 404-463-7161.   The Advisory Council(s) is created by a law passed by the General Assembly,  O.C.G.A. 37-2-5 and operates under the authority of the Department of Behavioral Health and Developmental Disabilities with membership appointed by the County Governing Authorities. | |
| **SIGNATURE** | |
| I authorize the verification of the information provided and agree to the request of any additional information. I have received a copy of this application. | |
| Signature of Applicant: | Date: |

**IMPORTANT:** Please return completed form to:  
 DBHDD Region 1 Field Office

Attn John Roth, 1230 Bald Ridge Marina Road,   
 Suite # 800, Cumming, GA 30041 or email to john.roth1@dbhdd.ga.gov