



\_\_\_ MH Community Advisory Committee

\_\_\_ Children's MH Advisory Committee

\_\_\_ MR Community Advisory Committee

\_\_\_ Network Advisory Committee

\_\_\_ Addictions Community Advisory Committee

How did you learn about this committee?

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**I understand that any convictions related to any sexual offense, drug related offense, murder, theft, assault, battery, or any other crime involving personal injury or threat to another person may make me ineligible for MHMR/TC committee membership. I understand that the names of all prospective committee members are to be cleared through the Texas Department of Public Safety to determine the existence of such records. Further, I understand that any real or perceived financial conflict of interest may also make me ineligible for MHMR/TC committee membership.**

Have you ever been convicted by federal, state, or any other law enforcement authority for any federal, state, county or municipal law or regulation or ordinance? (only since 14<sup>th</sup> birthday)

Yes                      No                      If yes, please describe:

To the best of your knowledge have you ever been found to be the perpetrator of a confirmed case of client abuse or neglect in any previous employment?

Yes                      No                      If yes, please describe:

Have you ever worked for MHMR of Tarrant County?

Yes                      No                      If yes, list date(s) and department(s):

Have you ever worked for a Texas Department of Mental Health Mental Retardation facility?

Yes                      No                      If yes, what facility:

Do you have any relative working for MHMR/TC?

Yes                      No                      If yes, list names, relationships and department employed in:

Are you, or any immediate relative, currently (or could conceivably be in the future) under contract with MHMR/TC as a provider of services or goods?

Yes                      No                      If yes, please explain:

Are you, or any immediate relative, currently in an occupation or employed by a company that could conceivably benefit financially from any decisions made by the MHMR/TC advisory committee for which you are seeking membership?

Yes

No

If yes, please explain:

**Please attach a letter stating your interest in becoming a committee member, and a current resume if you have one prepared.**

I understand that membership on an MHMR/TC advisory committee will require a commitment on my part to complete required member training, attend committee meetings, complete committee work assignments on time, and bring the best of my capabilities to studying and understanding the issues presented before the committee. The contributions advisory committee members make will have significant implications for the current and future business of MHMR/TC and services to the citizens of Tarrant County. This is a responsibility I promise to take seriously.

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_