

Membership Application
PBH CONSUMER/FAMILY ADVISORY COMMITTEE (CFAC)

(Use back of page if more space is needed.)

Please return completed application to: CFAC, 245 LePhillip Court, Concord, NC 28025

I. Please provide the following contact information: *(Please print!)*

Name: _____

Address: _____

_____ County: _____

Telephone: (704) _____ Alternate phone: (704) _____

E-mail address: _____

II. Why are you interested in serving on the Consumer/Family Advisory Committee?

III. Do you participate now in advocacy activities? ___Yes ___No (If yes, please list and describe:)

IV. CFAC meetings are held at 6 pm until about 9 pm on the third Tuesday of each month.
Are you available to meet at that time? ___Yes ___No

V. Do you have, or can you arrange, transportation to the meetings? ___Yes ___No
(CFAC is not responsible for transportation; however mileage reimbursement is available to help defray costs.)

VI. Are you currently employed? Yes _____ No _____
If yes, please state the name of your employer and your usual work hours:

VII. Are you aware of any present or potential conflict of interest that might prevent you from fairly representing all consumers with disabilities? ___Yes ___No If yes, please describe:

VIII. Please check the areas that describe you: (Check all that apply.)

1. ___Consumer of Services ___Family Member of Consumer ___Both

2. Disability: ___Substance Abuse ___Developmental Disabilities ___Mental Health

3. Ethnic group/race:
 _____ African American _____ Hispanic/Latino _____ Native American
 _____ White/Caucasian _____ Asian/Pacific Islander

4. If you are a consumer, please check your age group below.
 If you are a family member of a consumer, please check the age group of the family member you represent:
 _____ 0-17 _____ 18-64 _____ 65 or older

IX. Please briefly describe your personal experience or involvement:

X. Please list names, addresses, and phone numbers of 3 personal references who know you well.

| Name, Address, Phone Number | Relationship |
|-------------------------------------|--------------|
| 1. _____ _____ _____ _____ | |
| 2. _____ _____ _____ _____ | |
| 3. _____ _____ _____ _____ | |

XI. Do you need any special accommodations? Yes _____ No _____ If yes, please describe:

XII. Feel free to add any other information you think may be helpful. (Use back of page, if needed.)

CFAC Membership Consent Agreement

The following outlines what will be expected of you as a member of this Committee. Please check 'yes' or 'no' to indicate whether you are willing to meet each expectation:

- Yes No I am willing to represent the needs of the entire region that Piedmont covers, not just my particular county.
- Yes No I am willing to represent the best interest of all persons with disabilities, not just my area of disability.
- Yes No I am willing to be publicly identified as a CFAC member.
- Yes No I am able to be open in my views, be tolerant of the views of others, and I am open to diversity.
- Yes No I am willing to serve a three year term.
- Yes No I am willing to attend scheduled meetings. I understand I will be removed from the CFAC if I miss three consecutive unexcused meetings.
- Yes No I understand that I am responsible for arranging my own transportation to the meetings.
- Yes No I am willing to attend training on my responsibilities as a CFAC member.
- Yes No I am willing to keep informed about issues affecting persons with disabilities, services available to persons with disabilities and the activities of my community.
- Yes No I am willing to attend committee meetings, complete assignments, and participate in discussions and decisions.
- Yes No I agree to report to the CFAC chair any conflict of interest that may develop during my term of service.

Signature

Date