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| --- | --- |
| King County Boards and Commissions Application Form | L:\COMMUNICATIONS\Logos\KClogo_v_bw_m.tiff |

***PLEASE NOTE: Information provided on this form will be a public record subject to free and open examination by any person under the Washington State Public Records Act (RCW 42.56.250). However, while we will disclose the applicant’s name, the applicant’s address, phone number and email address will be redacted.***

Thank you for your interest in serving on the King County [Behavioral Health Advisory Board](https://kingcounty.gov/en/dept/dchs/human-social-services/behavioral-health-recovery/advisory-board) (BHAB). The BHAB is a volunteer board that advises the King County Executive and County Council on matters concerning mental health and substance use conditions. This includes education, prevention, treatment, crisis response, and regional behavioral health service delivery.

If you are a King County resident interested in BHAB membership, please attend a minimum of two Board meetings to see if a Board position is a good fit for you. To apply for a Board position, complete this form and follow the submission instructions below. If you have questions or need assistance, contact [bhrdbhabboard@kingcounty.gov](mailto:bhrdbhabboard@kingcounty.gov).

## I’m Interested in Serving on the:

|  |
| --- |
| Behavioral Health Advisory Board |

## My Name Is:

|  |
| --- |
|  |

## Preferred Contact Information:

|  |  |
| --- | --- |
| Address |  |
| City, State, Zip Code |  |
| Home Phone |  |
| Work Phone |  |
| Cell Phone |  |
| Email Address |  |

## Physical Home Address (REQUIRED if different from preferred mailing address)

|  |  |
| --- | --- |
| Home Address |  |
| City, State, Zip Code |  |

## Relevant Employment and/or Volunteer Experience (if applicable)

|  |  |
| --- | --- |
| Title |  |
| Date of Employment/Volunteer |  |
| Organization Name |  |
| Street Address |  |
| City, State, Zip Code |  |

## Have you served on any other Board, Commission, or Committees (Please list them below)?

|  |  |  |
| --- | --- | --- |
| **Board, Commission or Committee Names** | **Year Appointed** | **Term Expired** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Please describe why you are interested in serving on the Behavioral Health Advisory Board.

|  |
| --- |
|  |

## Please describe the qualifications and skills you bring that would be beneficial to the Board’s work.

|  |
| --- |
|  |

## How will this board experience help you to make a difference in your community?

|  |
| --- |
|  |

## Do you hold any professional licenses, registrations or certificates in any field *(Please type an “X” in the box*)?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If you hold any professional licenses, please list them here:

|  |
| --- |
|  |

## Do you identify as an individual who has lived experience with a mental health and/or substance use condition?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

## Do you identify as a parent or legal guardian of a person having lived experience with one or more behavioral health conditions?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

## Have you utilized crisis services as a result of a mental health or substance use condition?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

## Do you have professional training and experience in the provision of behavioral health crisis care?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If you answered yes, please describe your behavioral health crisis care training and experience.

|  |
| --- |
|  |

## Are you in Law Enforcement?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

## Are you an Elected Official?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

## Are you a Tribal Representative?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

## Are you an employee of a provider agency that contracts with the King County Behavioral Health Administrative Services Organization (BH-ASO), who has authority to make policy or fiscal decisions on behalf of that provider agency?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

## PERSONAL INFORMATION (OPTIONAL)

The King County Council and the King County Executive are committed to inclusiveness and outreach to all King County residents to ensure that King County boards and commissions are reflective of the community we serve. Providing information in the section below is voluntary but will assist in achieving this goal.

**How do you identify?**

|  |  |
| --- | --- |
| Race/Ethnicity: |  |
| Gender: |  |
| Sexual Orientation: |  |
| Preferred Pronoun:  *(he/him; she/her; they/them, etc.)* |  |

**Do you have a disability as defined by the Americans with Disabilities Act? *(Please type an “X” in the boxes that apply to you)***

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**Generation Range *(Please type an “X” to the right of the age range that applies to you):***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 30 or younger |  | 31-41 |  | 42-52 |  | 53-63 |  | 64-74 |  | 75 or older |  |

## Person to Notify in Case of Emergency (OPTIONAL)

|  |  |
| --- | --- |
| Name |  |
| Home Phone |  |
| Work Phone |  |
| Cell Phone |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge.

|  |  |
| --- | --- |
| Name *(typed or signature)* |  |
| Date |  |

## Please return completed form to the BHAB Liaison at [bhrdbhabboard@kingcounty.gov](mailto:bhrdbhabboard@kingcounty.gov)

## *(We accept applications via email. You can scan your completed form and then email it to us as a PDF attachment; or you can complete the form online, type your name on the signature line, save the completed form to your hard drive, and then attach the completed form to an email.)*

Individuals appointed by the King County Executive to serve on the BHAB must review and sign the King County board member code of conduct form, review the King County Code of Ethics summary, take the Open Public Meetings Act training, take the Public Records Act Training, and complete an annual financial disclosure form. You can find additional information here [King County boards and commissions - King County, Washington](https://kingcounty.gov/en/independents/governance-and-leadership/boards-commissions)

## ADMINISTRATIVE ONLY

Date Application was Received:

## At the time of application submission, how many BHAB meetings has the applicant attended?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 |  | 2 |  | 3+ |  |

## What King County Council District does Applicant Live In?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  | 2 |  | 3 |  | 4 |  | 5 |  | 6 |  | 7 |  | 8 |  | 9 |  |

[King County District Map](https://kingcounty.gov/en/dept/elections/maps/find-my-district)

## What Crisis Response Zone does Applicant Live in?

North  East  Central  South

[Crisis Response Zones](https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/behavioral-health-recovery/crisis-care-centers-initiative/data-brief---king-county-behavioral-health-crisis-interactions-by-crisis-response-zone.pdf?rev=6bf101765d1f4fa298732efe157be204&hash=756BAC58237465CEF099A27059CB3AF5)