



My Health My Resources of Tarrant County

3840 Hulen St., Hulen Tower North,
Fort Worth, Texas 76107
(817) 569-4508

Application for Community Advisory Committee Membership

Note: Please answer all questions. Even though resumes are acceptable, they do not take the place of a complete and signed application.

My Health My Resources (MHMR) requires that a percentage of advisory committee membership be comprised of individuals and family members. Do you meet the criteria?

- No
- Yes, I am a: Individual Family Member:
 - Disability Services (DS)
 - Behavioral Health (BH)
 - Early Childhood Services (ECS)

Name (Last): _____ (First): _____ (M.I.): _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone - Home: _____ Work: _____

Cell #: _____ Fax: _____

Email: _____

Occupation: _____

Employer: _____

Are you bilingual? No Yes What languages? _____

I could bring the following expertise as a committee member (please check all that apply):

- Advocacy Patient Parent Business/Financial Administration
- Practitioner Legal Medical Child Development RFP Bid Process
- Education Political/Government Process Contract Management
- Research/Program Evaluation Community Development Managed Care/Insurance
- Other: _____



Committee Membership I am applying for (please check one):

- Adult Behavioral Health Community Advisory Committee
- Children’s Behavioral Health Community Advisory Committee
- Disability Services Community Advisory Committee
- Homeless Community Advisory Committee
- Early Childhood Services Community Advisory Committee

What interests you in this committee? _____

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 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 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 since your 14th birthday?

No Yes If yes, please describe: _____

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

No Yes If yes, please describe: _____

Have you ever worked for MHMR?

No Yes If yes, please list dates and departments: _____

Have you ever worked for Texas Health and Human Services Commission (HHS)?

No Yes If yes, please describe: _____

Do you have any relatives working for MHMR?

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



Are you, or any immediate relative, currently in an occupation or employed by a company that could conceivably benefit financially from any decision made by the MHMR Community Advisory Committee for which you are seeking membership?

No Yes If yes, please explain: _____

Please attach a current resume, if you have one prepared.

I understand that membership on a MHMR Community Advisory Committee will require 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 take will have significant implications for the current and future business of MHMR and services to the citizens within our service area. This is a responsibility I promise to take seriously.

Signature: _____ Date: _____