



Central Service Area Authority

centralsaamontana.org

Board of Directors Application

Name: _____

Address: _____

Phone: _____

Email: _____

Please Check all that apply:

- Consumer
- Family Member
- Provider
- Other (please describe) _____

Please answer the questions below (attach additional pages or other information if necessary)

1. Please describe your background: _____

2. Please describe your experience as an advocate on behalf of people who use the public mental health system (including any experience you have had as a consumer advocating for yourself). _____

3. Please describe the particular expertise or skill that you would bring to the CSAA Board of Directors: _____

4. What would you like to accomplish if elected to the CSAA Board of Directors? _____

Please include 3 references with addresses and phone numbers.

1. Name: _____
Position: _____
Contact Info: _____

2. Name: _____
Position: _____
Contact Info: _____

3. Name: _____
Position: _____
Contact Info: _____

Signature: _____ Date: _____