

**Central Service Area Authority**

centralsaamontana.org

Elected Board of Directors Application

The Central Service Area Authority (CSAA) region consists of 15 counties and 4 Tribes. Each county’s Local Advisory Council (LAC) can have 1 elected **Primary Representative** sit on the CSAA Board of Directors and will have “voice” and “voting rights” at each meeting.

Each county’s LAC can also have 1 **Alternate Representative** who will only have “voting rights” if the first elected representative is not present, but they will always have “voice” (where they are free to share their thoughts).

All CSAA meetings are open to the public, so anyone who would like to become a CSAA General Member may have “voice” but no “voting rights”.

Please Check all that apply:

□ I have been elected by my county’s LAC as the **Primary Representative** (voting rights)

□ I have been elected by my county’s LAC as the **Alternative Representative** (voting rights only when Primary Representative is absent)

Name:

Address:

Phone:

Email:

Please Check all that apply:

□ Primary Consumer

□ Secondary Consumer

□ Veteran

□ Provider

□ Law Enforcement

□ County Commissioner

□ Legislature

□ Peer Support Specialist

□ LAC Chair

□ LAC Vice Chair

□ LAC Secretary

□ LAC Treasurer

□ LAC Board Member

□ Psychiatrist

□ Social Worker

□ SUD Professional

□ Other (please describe)

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Please describe your background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. 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). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please describe the particular expertise or skill that you would bring to the CSAA Board of

Directors:

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

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Please include 3 references with addresses and phone numbers.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: Date: