



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:

- | | | |
|--|--|--|
| <input type="checkbox"/> Primary Consumer | <input type="checkbox"/> Legislature | <input type="checkbox"/> LAC Board Member |
| <input type="checkbox"/> Secondary Consumer | <input type="checkbox"/> Peer Support Specialist | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> LAC Chair | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Provider | <input type="checkbox"/> LAC Vice Chair | <input type="checkbox"/> SUD Professional |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> LAC Secretary | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> County Commissioner | <input type="checkbox"/> LAC Treasurer | |

Other: _____

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: _____