



# You're Invited

## Apply to Join the Tri-City Mental Health Commission

Tri-City Mental Health Center was formed in 1960 as a provider of community mental health services to low-income residents of Claremont, La Verne and Pomona. The Mental Health Commission is a state mandated body comprised of community members and consumers committed to the effective and consumer-sensitive delivery of mental health services.

Tri-City is seeking applications from members of the community, consumers of mental health services, and family members of these consumers to participate on their Mental Health Commission. Some of the duties includes (a) to review and evaluate the area's mental health needs, services, facilities and special problems, (b) to advise the Tri-City Governing Board and the Executive Director as to any aspects of Tri-City's mental health program, (c) to review and approve the agency's procedures in order to ensure citizen and professional involvement at all stages of the mental health planning process, (d) to review and make recommendations on applicants for the appointment of the agency's director of mental health services, among others.

**Persons interested in becoming a member of the Tri-City Mental Health Commission may access application forms at [www.tricitymhs.org](http://www.tricitymhs.org), or by contacting the agency at (909) 623-6131.**



Please list any special interests or involvement which might be helpful to you as a Tri-City Mental Health Commission Member:

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Please describe briefly the reasons for your interest in serving on the Tri-City Mental Health Commission:

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**State Law provides that members of the Mental Health Commission must be free of any conflict of interest. The content of the questions below is based on the standards established by the legislation.**

Are you or your spouse an employee of the State or County Mental Health System or an affiliated contract agency?       Yes                       No

**Service on the Mental Health Commission requires attendance at one mid-day monthly meeting that lasts approximately two hours and at infrequent special purpose meetings.**

Does your personal schedule allow you to set aside a minimum of two hours each month for Mental Health Commission Meetings?       Yes                       No

**State law provides that a significant portion of the Commission must be comprised of mental health service consumers or immediate family members of persons receiving mental health services.**

- I qualify as a recipient of mental health services.
- I qualify as an immediate family member of a recipient of mental health services.

Additional comments or information you would like to add: \_\_\_\_\_

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I certify that all statements in this application are true and complete to the best of my knowledge. I authorize Tri-City to make inquiries to determine my suitability for membership on the Mental Health Commission. I understand that any misrepresentation made may be grounds for rejection of this application or dismissal from the Commission.

\_\_\_\_\_  
(Signature)

***Please attach any additional documentation or information that you deem to be relevant to your application.***

**RETURN APPLICATION TO:** Tri-City Mental Health Center  
Attn: Mental Health Commission  
2008 N. Garey Avenue  
Pomona, CA 91767-2722