



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  
1717 N. Indian Hill Boulevard, Suite B  
Claremont, CA 91711-2788  
Facsimile: (909) 623-4073