Milwaukee County Board of Supervisors

APPLICATION FOR APPOINTMENT TO THE MILWAUKEE COUNTY MENTAL HEALTH BOARD
PSYCHIATRIST OR PSYCHOLOGIST OF CHILDREN'S BEHAVIORAL HEALTH SERVICES

Name (First, Middle Initial, Last):		
Home Address:	City:	Zip:
Phone (Cell, Work, Home):		
Job Title, Company:		
Work Address:	City:	Zip:
E-mail Address:	Age:	
Ethnicity (Optional):	Sex (Optional):	
Disability (Optional):	Veteran (Optional):	
Are you a licensed/certified professional? If so, please specify.		
Do you belong to any professional groups? If so, please specify.		
Please initial here to confirm you are not an elected official, lobbyist, or county employee. _____		
Did an individual or organization refer you? If so, who.		
Please list three references that you are not related to and have known for at least a year. Name: Phone: Relationship: Name: Phone: Relationship: Name: Phone: Relationship:		
Are you committed to cultural competency in service delivery? Explain.		

Please include with this application form: Cover letter, Resume/CV, Essay (below) and any other information you would like to be considered.

Essay Instructions:
Please specifically address in one page your experience with specializing in a full continuum of behavioral health services for children, and why you are interested in serving on the Milwaukee County Mental Health Board.

This application, and all documentation, must be filed, **no later than Friday, April 18, 2014, by 4:00 p.m**.

Mail or email applicant information to:

Milwaukee County Board of Supervisors
c/o Milwaukee County Board Chairwoman Dimitrijevic
901 N. 9th Street, Room 201
Milwaukee, WI 53233
Hope.DeVougas@milwaukeecountywi.gov

*It should be noted, if your application is selected by the County Board of Supervisors, the Governor's office has indicated you will be required to complete the state application, which includes a background check.

Milwaukee County Board of Supervisors

APPLICATION FOR APPOINTMENT TO THE MILWAUKEE COUNTY MENTAL HEALTH BOARD
PSYCHIATRIST OR PSYCHOLOGIST OF ADULT BEHAVIORAL HEALTH SERVICES

Name (First, Middle Initial, Last):		
Home Address:	City:	Zip:
Phone (Cell, Work, Home):		
Job Title, Company:		
Work Address:	City:	Zip:
E-mail Address:	Age:	
Ethnicity (Optional):	Sex (Optional):	
Disability (Optional):	Veteran (Optional):	
Are you a licensed/certified professional? If so, please specify.		
Do you belong to any professional groups? If so, please specify.		
Please initial here to confirm you are not an elected official, lobbyist, or county employee. _____		
Did an individual or organization refer you? If so, who.		
Please list three references that you are not related to and have known for at least a year. Name: Phone: Relationship: Name: Phone: Relationship: Name: Phone: Relationship:		
Are you committed to cultural competency in service delivery? Explain.		

Please include with this application form: Cover letter, Resume/CV, Essay (below) and any other information you would like to be considered.

Essay Instructions:
Please specifically address in one page your experience with specializing in a full continuum of behavioral health services for adults, and why you are interested in serving on the Milwaukee County Mental Health Board.

This application, and all documentation, must be filed, **no later than Friday, April 18, 2014, by 4:00 p.m**.

Mail or email applicant information to:

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c/o Milwaukee County Board Chairwoman Dimitrijevic
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Milwaukee County Board of Supervisors

APPLICATION FOR APPOINTMENT TO THE MILWAUKEE COUNTY MENTAL HEALTH BOARD
CONSUMER OF MENTAL HEALTH SERVICES

Name (First, Middle Initial, Last):		
Home Address:	City:	Zip:
Phone (Cell, Work, Home):		
Job Title, Company:		
Work Address:	City:	Zip:
E-mail Address:	Age:	
Ethnicity (Optional):	Sex (Optional):	
Disability (Optional):	Veteran (Optional):	
Are you a licensed/certified professional? If so, please specify.		
Do you belong to any professional groups? If so, please specify.		
Please initial here to confirm you are not an elected official, lobbyist, or county employee. _____		
Did an individual or organization refer you? If so, who.		
Please list three references that you are not related to and have known for at least a year. Name: Phone: Relationship: Name: Phone: Relationship: Name: Phone: Relationship:		
Are you committed to cultural competency in service delivery? Explain.		

Please include with this application form: Cover letter, Resume/CV, Essay (below) and any other information you would like to be considered.

Essay Instructions:
Please specifically address in one page your experience with mental illness or substance abuse, and why you are interested in serving on the Milwaukee County Mental Health Board.

This application, and all documentation, must be filed, **no later than Friday, April 18, 2014, by 4:00 p.m**.

Mail or email applicant information to:

Milwaukee County Board of Supervisors
c/o Milwaukee County Board Chairwoman Dimitrijevic
901 N. 9th Street, Room 201
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Milwaukee County Board of Supervisors

APPLICATION FOR APPOINTMENT TO THE MILWAUKEE COUNTY MENTAL HEALTH BOARD
PSYCHIATRIC MENTAL HEALTH ADVANCED PRACTICE NURSE

Name (First, Middle Initial, Last):		
Home Address:	City:	Zip:
Phone (Cell, Work, Home):		
Job Title, Company:		
Work Address:	City:	Zip:
E-mail Address:	Age:	
Ethnicity (Optional):	Sex (Optional):	
Disability (Optional):	Veteran (Optional):	
Are you a licensed/certified professional? If so, please specify.		
Do you belong to any professional groups? If so, please specify.		
Please initial here to confirm you are not an elected official, lobbyist, or county employee. _____		
Did an individual or organization refer you? If so, who.		
Please list three references that you are not related to and have known for at least a year. Name: Phone: Relationship: Name: Phone: Relationship: Name: Phone: Relationship:		
Are you committed to cultural competency in service delivery? Explain.		

Please include with this application form: Cover letter, Resume/CV, Essay (below) and any other information you would like to be considered.

Essay Instructions:
Please specifically address in one page your experience with specializing in a full continuum of behavioral health and medical services including emergency detention, inpatient, residential, transitional, partial hospitalization, intensive outpatient, and wraparound community-based services. Please also describe why you are interested in serving on the Milwaukee County Mental Health Board.

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Milwaukee County Board of Supervisors

APPLICATION FOR APPOINTMENT TO THE MILWAUKEE COUNTY MENTAL HEALTH BOARD
COMMUNITY-BASED MENTAL HEALTH CARE PROVIDER

Name (First, Middle Initial, Last):		
Home Address:	City:	Zip:
Phone (Cell, Work, Home):		
Job Title, Company:		
Work Address:	City:	Zip:
E-mail Address:	Age:	
Ethnicity (Optional):	Sex (Optional):	
Disability (Optional):	Veteran (Optional):	
Are you a licensed/certified professional? If so, please specify.		
Do you belong to any professional groups? If so, please specify.		
Please initial here to confirm you are not an elected official, lobbyist, or county employee. _____		
Did an individual or organization refer you? If so, who.		
Please list three references that you are not related to and have known for at least a year. Name: Phone: Relationship: Name: Phone: Relationship: Name: Phone: Relationship:		
Are you committed to cultural competency in service delivery? Explain.		

Please include with this application form: Cover letter, Resume/CV, Essay (below) and any other information you would like to be considered.

Essay Instructions:
Please specifically address in one page your experience with specializing in a community-based, recovery-oriented, mental health system. Please also describe why you are interested in serving on the Milwaukee County Mental Health Board.

This application, and all documentation, must be filed, **no later than Friday, April 18, 2014, by 4:00 p.m**.

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