APPLICATION FOR BOARD APPOINTMENT BARTON COUNTY - 1400 MAIN - ROOM 107 GREAT BEND, KANSAS 67530 - (620) 793-1800 or TOLL FREE 1-877-419-7171

The Center for Counseling and Consultation Governing Board – Accepting Applications until Position is Filled

The Center for Counseling and Consultation Governing Board reviews and makes recommendations on mental health services in Barton County and the surrounding area. Board members serve without compensation.

| | TERM INFORMATION | I | |
|---|---------------------|-----------|--|
| Three Full Terms – Expires December 31, 2020 – Uncompensated | | | |
| | PERSONAL INFORMATI | ION | |
| Nama | | | |
| Name First | Middle | Last | |
| Any other names | | | |
| Maiden | Married | | |
| Address | | | |
| Street | City, State, Z | Zip Code | |
| Phone number | | | |
| Home | Work | | |
| Email | | | |
| List any subjects studied that would be | EXPERIENCE INFORMAT | | |
| Name, Address and Phone Number Community Service Provided 2. Name, Address and Phone Number | | ERIENCE | |
| Community Service Provided | | Served As | |

| Community Service Provided | | Served As | |
|--|---|--------------|--|
| Please list four (4) references. Include one employer. | REFERENCES Relatives may be included. | | |
| Name | Relationship | Phone Number | |
| | | | |
| | | | |
| | | | |
| | | | |
| (| OTHER INFORMATION | | |

Are you related to any one currently employed by the agency for which this Board serves? If yes, please list the name and position of the person to whom you are related.

Are you currently or have you previously worked for the agency for which this Board serves? If currently employed, please explain how you could serve as a Board member and remain in employment without having a conflict of interest. If a past employee, please explain how your relationship with the agency ended.

ACKNOWLEDGEMENT

I understand that by submitting this application, I am certifying that the facts contained in this application are true and complete to the best of my knowledge. If appointed to any board, falsified statements on this application will be grounds for dismissal. I authorize investigation of all statements contained in this application as may be necessary, including an investigation of criminal background. I understand that Barton County is an Equal Opportunity Employer and that no individual will be rejected for any Board appointment because of race, color, religious creed, national origin, sex, age, handicap or marital status. This applications for appointment must be an original, signed and dated to be valid. Fax copies of applications will not be accepted. Applications must be received by the closing date and time of the open application period in order to be considered. Applications will be accepted only during open application periods.

Signature