

APPLICATION FOR APPOINTMENT TO
 KALAMAZOO COMMUNITY MENTAL HEALTH SERVICES
 FAMILY SUPPORT ADVISORY COUNCIL FOR FAMILIES WITH YOUTH WHO HAVE A SERIOUS EMOTIONAL
 DISTURBANCE

1. Name:	Home Phone:
2. Home Address:	Zip Code:
3. Occupation:	4. Employer:
4. Business Phone:	6. Years in Kalamazoo:
7. Of what other community boards or commissions are you a member?	
a.	b.
8. Please indicate below the background or experience you have which will be of value to you if you are appointed.	
9. Please indicate your reasons for desiring to serve on the Family Support Advisory Council. (Please continue on reverse side if needed.)	
10. KCMHS Board of Directors desires adequate minority representation on its appointed committees and boards. You may choose to identify yourself as a minority. Checking "YES" or "NO" will not necessarily qualify nor disqualify you for the appointment.	
Representative of minority community? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Signature:	Date of Application:
Referred by:	
PLEASE RETURN TO: Kalamazoo Community Mental Health Department Attention: Joan Keilen 3299 Gull Road 1W 4F Nazareth, MI 49074-0063	