

Gogebic Community Mental Health Board of Directors Needs YOU!



No experience needed!

What is the role of a GCMHA Board Member?

- The role of a GCMHA Board Member is to be an on-site voice for the community by developing policies which guide operational decisions.

When do they meet?

- The GCMHA Board sets their meeting schedule during their annual organizational meeting in April. The Board is currently proposing to meet on the Second Tuesday of the month at 4:30 p.m. at Gogebic CMHA in Wakefield.

What will you do?

- ❖ Review and approve an annual budget and receive monthly reports regarding the budget and assets of the organization.
- ❖ Review and approve Action items on the agenda.
- ❖ Review and approve CMHA policy changes.
- ❖ Receive information and updates from program supervisors or other key personnel.
- ❖ Participate in other local, regional, or State CMHA committees, as appointed.
- ❖ Receive the opportunity to attend a yearly Board conference to network and learn from other CMHA Board members from around the State.

*Board members are compensated for attending meetings and mileage is reimbursed at the standard IRS rate.

How to apply:

Submit a letter of application to the office of Ramona L. Collins, Gogebic County Clerk-Register of Deeds, 200 N. Moore Street, Bessemer, MI 49911.

OR call or email Amanda Cole at 906-229-6116 or acole@gccmh.org for assistance. She will provide you with a brief application and assist you with getting your information to the County Clerk's office for consideration.



GOGEBIC
Community Mental Health

BOARD MEMBERSHIP APPLICATION

FULL NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PRIMARY PHONE NUMBER(S): _____

EMAIL: _____

1. Which of the following categories *best* describes you?

Primary Consumer: An individual who has received or is receiving services from the department (MDHHS State Facility), from a community mental health services program or services from the private sector equivalent to those offered by the department or a community mental health services program.

Family Member: A parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50% of his or her financial support.

General Public: An individual who demonstrates an interest and a commitment to Gogebic Mental Health Authority, who does not have to be a member of a particular organization.

2. Briefly explain why you are interested in becoming a member of the Gogebic Community Mental Health Authority Board of Directors:

3. Please list any special experience, resources, and/or knowledge you will bring to the Board:

4. Do you need any special accommodation to assist you in serving on the Community Mental Health Authority Board of Directors? (Please explain)

I understand that this application will be shared with the Gogebic County Commissioners to review and that the information necessary for the appointment will not be made public. I further agree, if appointed, to permit my name to be added to the Gogebic Community Mental Health Board of Directors list. I understand that this list is available to any individual upon request but that it will not include any confidential information.

Signature: _____ Date: _____

Printed Name: _____

Thank you for your interest in serving on the Gogebic Community Mental Health Authority Board of Directors.