

**OHIO DEPARTMENT OF ALCOHOL AND DRUG ADDICTION SERVICES
ADAMHS/ADAS BOARD APPOINTMENT APPLICATION**

PERSONAL INFORMATION

Name of Applicant (last, first, middle):

Street Address:

City:

Zip Code:

County:

Home Telephone Number:

CURRENT EMPLOYMENT INFORMATION

Occupation:

Current Position:

Name of Current Employer:

Address of Current Employer:

City:

Zip Code:

County:

Work Telephone Number:

Beginning date of employment
with current employer:



PAST EMPLOYMENT INFORMATION

NEXT MOST RECENT JOB:

Name of Employer:

Position:

Length of Employment:

From: _____
month and year

To: _____
month and year

PREVIOUS JOB:

Name of Employer:

Position:

Length of Employment:

From: _____
month and year

To: _____
month and year

PRESENT AFFILIATIONS WITH COMMUNITY ORGANIZATIONS

Name of Organization

Name of Organization:

Name of Organization:

PAST AFFILIATIONS WITH COMMUNITY ORGANIZATIONS
Name of Organization

Name of Organization:

Name of Organization:

REASON(S) FOR WANTING TO SERVE ON THE BOARD
Place a check mark for the following reason(s) that you are interested in serving on the Board. You

may indicate more than one reason:		
Yes	No	I have received or am receiving services for alcohol and/or drug addiction.
Yes	No	I am a parent or a relative of a person who has received or is receiving services for alcohol and/or drug addiction.
Yes	No	<p>I am a professional in the field of alcohol and drug addiction services. If yes, complete the following:</p> <hr/> <p>Name of Profession</p> <hr/> <p>Expiration date of current licensure/certification</p> <hr/> <p>Name of regulatory board in Ohio</p>
Yes	No	If appointed to the Board, I will be an advocate for persons receiving treatment for alcohol or drug addiction.
<p>ADDITIONAL INFORMATION: Please discuss your reasons for wanting to serve on the Board:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

PERSONAL QUALIFICATION ASSURANCES
Instructions: Place a check mark for the following two statements. If you answer Ayes,@ please print

the name of the agency in the space provided.			
Yes	No	<p>I am a member of the governing board for an agency with whom the ADAMHS/ADAS Board has a contract for services or facilities.</p> <hr/> Name of Agency	
Yes	No	<p>I am an employee of an agency with whom the ADAMHS/ADAS Board has a contract for services or facilities.</p> <hr/> Name of Agency	
<p>NOTE: If you answered Ayes@ to one or more of the above statements, you are not eligible for appointment.</p>			
Yes	No	N/A	<p>Will you resign as a board member of the agency if appointed to the ADAMHS/ADAS Board?</p>
Yes	No	N/A	<p>Will you terminate your employment with the agency if appointed to the ADAMHS/ADAS Board?</p>

FAMILY QUALIFICATION ASSURANCES			
<p>Instructions: Place a check mark for the following two statements. If you answer Ayes@ to one or more of the statements, print the additional information requested for the applicable statement in the space provided.</p>			
<p>I have a spouse, child, parent, brother, sister, grandchild, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law who:</p>			
Yes	No	a.	<p>Serves as a member of the governing board of an agency with whom the ADAMHS/ADAS Board has a contract for services or facilities.</p> <hr/> Name of family member Relationship <p>Will he/she resign as a board member of the agency if you are appointed to the ADAMHS/ADAS Board?</p>

FAMILY QUALIFICATION ASSURANCES (continued)			
Yes	No	b.	<p>Serves as an employee of an agency with whom the ADAMHS/ADAS Board has a</p>

