



MIDDLESEX COUNTY DEPARTMENT OF HUMAN SERVICES
APPLICATION FOR BOARD MEMBERSHIP

NAME: _____

HOME ADDRESS: _____

CITY _____ **STATE** _____ **ZIP Code** _____

PHONE: _____ **E-MAIL:** _____

OCCUPATION/PLACE OF EMPLOYMENT: _____

WORK ADDRESS: _____

WORK PHONE: _____ **CELL PHONE:** _____

Do you prefer to be contacted at work or home? _____

BOARD AFFILIATION – Please indicate which of the following Human Services Board(s) you are interested in serving on – in order of preference, with 1 as your highest, etc.

_____ Council for Children’s Services

_____ HIV Health Services Planning Council

_____ Commission on Child Abuse & Missing Children

_____ Local Advisory Council on Alcoholism and Drug Abuse – LACADA

_____ Commission for Persons with Disabilities

_____ Personal Assistance Services Program (PASP) Advisory Council

_____ Hispanic Affairs Commission

_____ Mental Health Board

_____ Human Services Advisory Council (HSAC)

_____ Veterans’ Advisory Council (please attach discharge papers)

Please describe any personal expertise or interest in the Board(s) you have selected above. If available, please attach a resume to this application. _____

YOUR ROLE ON THE BOARD: Referring to the board(s) you chose above, please indicate below what you feel your role will be on that board:

_____ Consumer

_____ Family Member of Consumer

_____ Agency Representative

_____ Consumer Advocate

_____ Other (please define) _____

Do you currently, or have you ever, served on any other Middlesex County Board or Committee? ___ Yes ___ No If yes, which one and what year(s): _____

(over, please)

Are you currently serving on non-profit board that could receive funds from the County? ___ Yes ___ No If yes, which one): _____

Will you be able to attend meetings at night?_____ During the day?_____

DEMOGRAPHICAL INFORMATION: Statute or regulation for some DHS advisory bodies requires information regarding age, ethnicity, sex and disability. Including this information on this form is optional. Please check all that apply:

___ White ___ Black ___ Male ___ Female
___ Hispanic ___ Asian/Pac. Islander ___ Veteran ___ Disabled
___ American Indian, Eskimo or Aleut ___ Senior (60+)

VOLUNTEER WORK: Please describe any volunteer activities you are presently (or previously) involved with and provide name(s) of organization(s) sponsoring this volunteer work.

BOARD EXPERIENCE: Have you ever served on any Boards, Advisory Councils, etc. (whether private or government)? Please list the organizations, positions held and dates of service. Include County boards.

If you were referred for Board membership, please indicate by whom: _____

Please list below any accommodations you may require to attend and participate in meetings. The County facilities used for Board and Committee meetings are barrier free.

SIGNATURE: _____ DATE: _____

****If you know anyone else who may be interested in serving on a DHS Board, please have them contact 732-745-4186.**

**** Alternate Format: This application is available in a large print edition. To request a copy, call 732-745-4186 or TTY: 732-745-4013.**

Please return completed application with resume to:

Thomas M. Seilheimer, Executive Director
Middlesex County Department of Human Services
Middlesex County Administration Bldg. – 5th floor
John F. Kennedy Square
New Brunswick, NJ 08901