



**Westmoreland County
Behavioral Health/Developmental Services
Children's Services Department
Needs Assessment Advisory Committee Application**

Name:

Address:

Home Phone: ()

Email Address:

Are you a resident of Westmoreland County? Yes No

I have read the Children's Needs Assessment Advisory Committee position description : Yes No

Which stakeholder group(s) do you represent? Check ALL that apply:

Parent with life experience on behalf of a child that has/had system involvement; please identify system in which you had/have involvement (please circle: intellectual/developmental services, behavioral health, child welfare, juvenile justice, or other _____)

Do you currently have a child 21 years of age or younger: Yes or No

Family Member/Consumer

Youth/Transitional Aged Youth –must be between the ages of 18 to 26 at the time of application)

Behavioral Health provider/organization representative

Advocate/Advocacy representative

Education/Educator representative

Employment history will be used to gain background knowledge only, and will not prevent a person from being chosen.

Employment History:

Current Employer:

Dates Employed From:

To:

Address:

Telephone: ()

Title/Position

Supervisor's name/Title:

Past Employer:

Dates Employed From:

To:

Address:

Telephone: ()

Title/Position

Supervisor's name/Title:

Please describe how your personal life experiences can contribute as a member of the Advisory Committee. (you may use additional paper for your response if necessary):

Suggested areas for consideration: experiences as a parent, volunteer experiences, professional experiences working with children and any other life experiences that are relevant.

Why are you interested in joining the Children’s Behavioral Health Needs Assessment Advisory Committee?

****Applications submitted for consideration will be kept on file for a period of two (2) years ****

Have you ever been convicted of a crime involving or related to children and/or a minor child? Yes No

By signing below I am verifying that the above information is correct, I meet the requirements of the position for the Children’s Advisory Committee, and will participate fully in all scheduled meetings if chosen to serve.

Signature:

Date:

Applications may be submitted to:

Mail: Attn: Renee Dadey, Westmoreland County Behavioral Health & Developmental Services, 40 North Pennsylvania Avenue, First Floor, Greensburg.

Confidential Fax: Attn: Renee Dadey to 724-830-3571

Email: dadeyr@westmoreland.swsix.com