

State Human Rights Committee Application for Membership

Name: _____

Mailing Address: _____

City, State, Zip: _____ Phone: _____

E-Mail: _____ Cell Ph: _____

Current or most recent employer: _____

Employer's address: _____

Dates of employment: from _____ to _____

Occupation / Profession. If retired, list previous occupation:

Education: _____

Please check capacities in which you are eligible and willing to serve:

Individual _____ Family Member _____ Health Care Provider _____ Professional _____

Individual means a person who is currently receiving mental health, developmental or substance use treatment or services, or who has received services within the last 5 years.

Family Member means an immediate family member of an individual receiving services or the principal caregiver of that individual. A principal caregiver is a person who acts in the place of an immediate family member, including other relatives and foster care providers, but does not have a proprietary interest in the care of the individual receiving services.

Health Care Provider means a person who is currently employed by an entity or organization offering services licensed, funded, or operated by the Department of Behavioral Health and Developmental Services, including all persons who are licensed, certified, or registered by any of the health regulatory boards within the Department of Health Professions, except the Board of Funeral Directors and Embalmers or the Board of Veterinary Medicine.

Other Professional shall include lawyers, teachers and other persons with interest or knowledge or training in the treatment of mental illness, developmental/intellectual disabilities and/or substance use disorders.

Have you ever been employed by or a member of the board of directors or a volunteer of a program licensed, operated or funded by the Department of Behavioral Health and Developmental Services?

Yes No

If Yes: Name of program(s): _____

Capacity in which you served: _____

Dates of service: _____

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The State Human Rights Committee (SHRC) meets at least eight (8) times a year in locations throughout Virginia. SHRC Members are expected to provide their own transportation and are reimbursed for mileage at the rate approved by Virginia Department of Accounts. Travel time and distance may warrant staying overnight on the night before a meeting. If so, your lodging will be arranged and paid for by the DBHDS Office of Human Rights. Regular SHRC meetings normally convene on Thursdays. Occasionally, meetings may include an additional session or workgroup meeting before or after the regular meeting. Do you believe you will be able to do this?

Yes No

Have you ever been a member of a DBHDS Local of State Human Rights Committee? Yes No

If yes: Name of Committee(s):

Capacity in which you served:

Dates of service:

Please describe your experience as a committee member:

Please describe your education, training or experience in the area of behavioral health and developmental services:

What is your interest in serving on the SHRC?

Please provide any additional information you think is relevant to your application.

Applicant signature and date:

Signature of OHR Staff Reviewer and date:

Thank you for your interest in serving on the State Human Rights Committee. Please return completed applications to the Regional Manager in the area you wish to serve. You may access our most current regional map on the OHR web page or by clicking [here](#).