



DISABILITY LAW CENTER OF ALASKA

www.dlcak.org

Volunteer Application for Membership on the Mental Health Rights Advisory Council

Thank you for your interest in volunteer service!

The Disability Law Center of Alaska's (DLC) mission is to vigorously enforce and advance the rights and interests of people with disabilities through legal representation, education, and strategic advocacy. We envision a future where people with disabilities are empowered to exercise individual choice and be equal participants in the community where they live, learn, work, and play.

Specifically, our **Mental Health Rights Advisory Council** is a group of trusted advisors who provide recommendations to DLC on matters related to priorities and policy for advocacy for individuals with mental illness under our grant "Protection and Advocacy for Individuals with Mental Illness" (PAIMI). The group also submits a portion of the agency's annual report on activities to our grantors.

Time Commitment

Members of the Mental Health Rights Advisory Council should each expect to devote at least 5 hours per month working to support DLC's goals and mission. This includes time spent participating in regular meetings, as outlined below. Unless otherwise specified, all meetings will be held via video conference, with meetings by phone being the back-up plan.

Meeting Schedule

- Meet at least three times per year
- Typically, 1 hour each
- During DLC business hours, 8:00 a.m. to 4:30 p.m.

Members of the Advisory Council on Mental Health Rights will serve one four (4) year term and may serve again after a two (2) year absence. Members who have served their term limit will be eligible to serve again after a 1-year absence.

Application

Date: _____

The Mental Health Rights Advisory Council requires its members to be composed of various parties who, together, form a well-rounded perspective on the nature of mental health services and advocacy in Alaska. Please specify which criteria you meet (check all that apply):

- ☐ I have received, or am receiving, mental health services
- ☐ I am the family members of someone who has received, or is receiving, mental health services
- ☐ I am the family member of a minor who is receiving, or has received, mental health services
- ☐ I'm an attorney
- ☐ I'm a mental health service provider or mental health professional (describe: _____)
- ☐ I am knowledgeable about mental illness (describe: _____)

Personal Data

Legal Name: _____
Last First Middle Gender or Preferred Pronouns

Have you ever used another name? Yes: ☐ No: ☐

If yes, please list the full name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Emergency Contact Name: _____

Relationship: _____ Emergency Contact Phone: _____

Federal regulations require that the Mental Health Rights Advisory Council be made up of certain individuals, including people with disabilities. To assist us in selecting diverse Board & Committee members, please identify to which of the following group(s) you belong:

Ethnicity (please select only one):

- ☐ Hispanic/Latino (of any race)
☐ Not Hispanic/Latino

Race (please select only one):

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian/Other Pacific
Islander
☐ White
☐ Two or more races
☐ Other

Education / Work History

Occupation: _____ Active Duty Military: ☐ Military Veteran: ☐

Employment Status (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Employed for wages | <input type="checkbox"/> Student |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Military |
| <input type="checkbox"/> Out of work and looking for work | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Out of work but not currently looking for work | <input type="checkbox"/> Unable to work |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Prefer not to answer |

List/describe previous volunteer experience(s) and length of service (attach additional pages as necessary):

1. _____ Years: ____ Months: ____
2. _____ Years: ____ Months: ____
3. _____ Years: ____ Months: ____

Questions about your interest and experience or perspective.

Please answer all of the following questions. You may attach additional pages if you need more room to answer.

1. What qualifications will you bring to the Mental Health Rights Advisory Council?

2. What is your interest and motivation for serving on the Mental Health Rights Advisory Council?

3. Please explain your knowledge of the issues affecting persons with mental illness.

4. Describe your experience in community organizations, including service on boards or advisory councils/committees.

5. Discuss your experience and knowledge working with specific underserved communities (e.g., Asian/Pacific Islander, African American, Alaska Native, Spanish speaking, or rural communities).

6. Describe your experience advocating for people with mental illness, disabilities, or others.

7. Discuss your leadership or policy development experience.

8. Are you a member of other disability or civil right organizations? If so, please identify those groups below.

Authorization to Release Information

To Whom It May Concern: I have applied to be a volunteer with the Disability Law Center of Alaska. As part of the volunteer process, the Disability Law Center of Alaska may contact any company, institution, or individual it deems appropriate to verify the information contained in my volunteer application, resume, and/or verbal representations made during an interview.

I authorize you to release to the Disability Law Center of Alaska information limited to: dates of employment, position(s) held, responsibilities, job performance, education, degree(s) received, dates of attendance, etc. A copy of this authorization may be accepted as an original.

Date: _____

Name (print): _____

Signature: _____

By signing below, I certify that all the information I have provided is true, accurate and complete. Also, I waive any claims I have or may have against DLC, its officers, directors, employees and contractors relating to any inquiries made to my current or past employers, schools, and others, or to information given by DLC to any of those people or entities.

Signature of Applicant

Date

When you have completed his packet, please attach:

- Any additional pages
- Your resume

You may also include references or endorsements from disability organizations that support your candidacy.

Return your application package to: Disability Law Center of Alaska
Attn: Executive Director
3330 Arctic Blvd., Suite 103
Anchorage, AK 99503

Or via fax: 907-565-1000

Or via email at: akpa@dlcak.org