

ATTACH ADDITIONAL SHEETS OF PAPER IF NECESSARY

**APPLICATION FOR POSITION ON THE GOBHI  
BOARD OF DIRECTORS OR QUALITY IMPROVEMENT  
COMMITTEE**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

- I AM AN OREGON HEALTH PLAN (OHP) MEMBER, OR FAMILY MEMBER OF AN OHP MEMBER.
- I HAVE BEEN AN OREGON HEALTH PLAN (OHP) MEMBER.
- I AM, OR HAVE BEEN, A CONSUMER OF MENTAL HEALTH SERVICES UNDER THE OREGON HEALTH PLAN (OHP).
- I RESIDE IN A COMMUNITY SERVED BY A GOBHI AFFILIATE MENTAL HEALTH PLAN PROGRAM (see information sheet provided).

Please list any boards, committees and organizations you are a part of in your community: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share why you would like to be chosen to the Board of Directors or Quality Improvement Committee of GOBHI: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Qualities I would bring to GOBHI: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_