# Description: Prop63_FAMental Health Services Act (MHSA)

# STEERING COMMITTEE MEMBER APPLICATION

Date:

Name:

Organization *or* Agency Affiliation:

Title:

Phone #: E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. As an MHSA Steering Committee member, which of the following stakeholder representative seats are you applying for? (select ONE)

* Client/Consumers of mental health services
* Client consumer of substance use serivces
* Families of clients/consumers of mental health services
* Families of client/consumer of substance use services
* Providers of mental health and substance use services
* Providers of social services
* Provider of substance use services
* Provider of mental health services
* Cultural competence and diversity
* People living with disabilities
* Education
* Health care
* Law enforcement
* Faith based organizations
* Youth Advocacy
* Aging and Adult serivces
* Veterans and /or representatives from veterans organizations
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you represent a client/ consumer/ family member of mental health or substance use services?**

🞎 Yes 🞎No

1. **What is your age?** 🞎 <15 years 🞎16-25 years 🞎 26-59 years 🞎 60+ years 🞎 Decline to state
2. **What is your preferred language? (select ONE)**

🞎 English 🞎 Spanish 🞎 Cantonese/Mandarin 🞎 Tagalog 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_

1. **What is your race?**

🞎 American Indian/Alaska Native 🞎 Asian or Asian American

🞎 Native Hawaiian or Other Pacific Islander 🞎 African American/Black

🞎 Hispanic/Latino 🞎 Caucasian/White

🞎 Multiple Races 🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Decline to state

1. **What is your ethnicity? (select all that apply)**

* Asian Indian/South Asian
* Cambodian
* Chinese
* Caribbean
* Chamorro
* African
* Central American
* Fijian
* Eastern European
* Mexican/Chicano
* Samoan
* European
* Puerto Rican
* Tongan
* Middle Eastern
* South American
* Vietnamese
* Filipino
* Japanese
* Korean
* Another ethnicity:\_\_\_\_\_\_\_\_\_\_\_\_\_
* Decline to state

1. **What was your gender assigned at birth:** 🞎 Female 🞎 Male 🞎 Decline to state
2. **What is your gender identity:**

🞎 Male/Man/Cisgender Man

🞎 Female/Woman/Cisgender Woman

🞎 Female-to-Male (FTM)/Transgender Male/Trans Man/ Trans masculine

* Male-to-Female (MTF) Transgender Woman/ Trans Woman/ Trans feminine
* Questioning or unsure of gender identity
* Genderqueer/Gender Non-conforming, neither exclusively male or female
* Indigenous gender identity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Another gender identity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Decline to state

1. **What is your Sexual orientation?**

🞎 Bisexual 🞎 Gay/Lesbian 🞎 Heterosexual 🞎 Queer 🞎 Questioning 🞎 Decline to state 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have a disability or learning difficulty? (select all that apply)

🞎 Difficulty seeing 🞎 Difficulty hearing or having speech understood

🞎 Physical/ mobility disability 🞎 Learning disability

🞎 Developmental disability 🞎 Dementia

🞎 Chronic health condition 🞎 I do not have a disability

🞎 Decline to state 🞎 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you a Veteran? 🞎 Yes 🞎 No 🞎 Decline to state
2. **Are you associated with any organizations or agencies (as an employee or Board member) in San Mateo County?** (List all that apply)
3. **What part of the county do you work in or are you most closely associated with?**

Please respond to the following questions with 1-3 paragraph answers.

1. Please describe your interest in serving as an MHSA Steering Committee member?
2. Please describe your experience working with organizations or agencies, such as boards, committees, workgroups, service providers, etc.?
3. What is your experience working with communities of culturally diverse backgrounds?
4. Every individual has strengths to contribute, what are some of the strengths you would bring to the Steering Committee?

Please return your completed application via email, mail or fax to:

Doris Estremera

310 Harbor Blvd. Bldg. E

Belmont, CA 94002

Fax: (650) 591-1383

Email: [MHSA@smcgov.org](mailto:MHSA@smcgov.org)