



**CASCADE COUNTY**  
**Mental Health Local Advisory Council**  
Application



Please complete this form and return it to the County Commission Office, Room 111 Courthouse Annex, 325 2<sup>nd</sup> Avenue North, Great Falls, MT 59401. If you have any questions, please contact the Commission Office @ (406) 454-6810. This application is designed to obtain information as to your interest and qualifications for serving on a County Government Board.

(Please Print or Type)

Date \_\_\_\_\_

**NAME** \_\_\_\_\_

**TELEPHONE** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_ (E-Mail) \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**Current County Boards or Volunteering** \_\_\_\_\_

\_\_\_\_\_

**Previous Public Experience, Boards or Volunteering** \_\_\_\_\_

\_\_\_\_\_

**Employer** \_\_\_\_\_

\_\_\_\_\_

**Education** \_\_\_\_\_

\_\_\_\_\_

**Please indicate which category you are qualified for.**

- \_\_\_\_\_ Mental Health Services: Consumer
- \_\_\_\_\_ Mental Health Services: Family Member of Consumer
- \_\_\_\_\_ Provider: Mental Health Services \_\_\_\_ Adult \_\_\_\_ Child
- \_\_\_\_\_ Representative: City Attorney, County Attorney or Public Defender
- \_\_\_\_\_ Representative: Center for Mental Health
- \_\_\_\_\_ Representative: Benefis Health System or Great Falls Clinic Hospital
- \_\_\_\_\_ Representative: Community Health Care Center dba/Alluvion Health
- \_\_\_\_\_ Representative: City Law Enforcement
- \_\_\_\_\_ Representative: Sheriff's Office

**List special experience or education you may have for serving on this council.**  
*(Include additional information on the back of this form or attached a resume.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_