



# Consumer Council System of Maine

## A Voice for Consumers of Mental Health Services

*It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.*

<b>ELECTED REPRESENTATIVE APPLICATION</b>			
<b>APPLICANT INFORMATION</b>			
Name:			
Current Address:			
City:	State:	ZIP Code:	
Home Phone:	Cell Phone		
Email:			
<b>PLEASE CHECK OFF THE POSITION YOU ARE APPLYING FOR....</b>			
<input type="checkbox"/> Statewide Consumer Council Representative	<input type="checkbox"/> Coordinating Committee		
<input type="checkbox"/> Local Council Chairperson	<input type="checkbox"/> Local Council Secretary		
<input type="checkbox"/> Work Group or Committee (Please Name):	<input type="checkbox"/> At-Large Representative (Please Name Region):		
<b>GENERAL INFORMATION</b>			
	Yes	No	
Do you identify as a mental health peer?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you able to attend monthly local council meetings?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have access to transportation?	<input type="checkbox"/>	<input type="checkbox"/>	If no, please tell us about your transportation plan:
Have you had any experience with the CCSM and/or the Consumer Movement?	<input type="checkbox"/>	<input type="checkbox"/>	Please describe what you know about either or both:

<b>Please list all consumer programs and/or groups in which you have or currently participate in. (Please consult our Governance Guidelines &amp; its conflict of interest policy to know the guidelines regarding potential conflicts of interest and disclosures)</b>			
Peer Center (please specify which one):	<input type="checkbox"/>	Other:	<input type="checkbox"/>
NAMI (National Alliance on Mental Illness)	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Agency:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Disability Rights Maine	<input type="checkbox"/>	Other:	<input type="checkbox"/>

<b>SKILLS ASSESSMENT</b>				
<i>Use this section to document your proficiency with computer, communication and people skills.</i>				
<b>Desktop Computer Skills</b>				
General Skills				
	<i>Highly Skilled</i>	<i>Moderately Skilled</i>	<i>Adequate</i>	<i>Need Training</i>
<i>Typing</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Internet</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Microsoft Windows</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Computer &amp; Website Navigation</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applications	<i>List specific software applications that you know how to use:</i>			
<i>Database</i>				
<i>Word Processing</i>				
<i>Spreadsheets</i>				
<i>Presentations</i>				
<i>Graphics</i>				
<b>Communication/People Skills</b>				
	Exceeds Requirements	Meets Requirements	Need Training	
<b>Active listening-</b> Giving full attention to others without interrupting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Negotiation-</b> Finding common ground between opposing parties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Conflict resolution-</b> Bringing people together and reconciling differences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Service orientation</b> — Actively looking for ways to help others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Delegating-</b> Matching tasks to people with the appropriate skills and interest to do them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Coordination-</b> Adjusting actions in relation to the actions of others as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Instructing-</b> Teaching others to do something, making sure that they comprehend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Speaking-</b> Talking to others to convey information effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Writing-</b> Communicating effectively in writing as appropriate for the intended audience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Monitoring-</b> Assessing performance and stepping in to make improvements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Email etiquette-</b> Taking time to write clearly and respond appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>SIGNATURES</b>	
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an elected representative, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.	
Signature of applicant:	Date:

Thank you for completing this application and for your interest in being part of the Consumer Council System of Maine.