DMHAS Multicultural Services Committee

Member Application

Applicants are expected to have extensive knowledge of ethnic, racial, linguistic and culturally diverse groups and to possess related experience. In responding to questions, applications should highlight any experience, skills, and training related to the ability to effectively provide input on diverse groups and their needs. When you have finished answering the questions, sign the document, scan, attach your resume and forward to: [Rosalind.stewart@dhs.state.nj.us](mailto:Rosalind.stewart@dhs.state.nj.us) If you do not have a scanner available, please follow your e-mail return of the questionnaire with a surface mail, signed copy to:

Rosalind Stewart

DMHAS

222 South Warren Street

Trenton NJ 08625

Applicant Information:

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Organization |  |
| Email |  |
| Daytime Phone |  |
| Secondary Phone |  |
| Postal Address |  |
|  |  |

What is your organizational structure? (check one) \_\_Private      \_\_Public     \_\_Non-Profit   \_\_for Profit     \_\_ Other

What factors do you believe create and maintain the unfavorable attitudes that some people have towards individuals from diverse backgrounds, and what can be done to change that stigma?

Please outline specific experiences and/or skills you have that are relevant to membership on the Multicultural Services Advisory Committee:

Please describe your motivation for wanting to be on the Multicultural Services Advisory Committee:

Please describe how you plan to promote and further the outcomes of the Multicultural Services Advisory Committee:

Without saying ‘additional funding’, what are the three (3) most important things for DMHAS to address within the system of care relating to ethnic, racial, linguistic and culturally diverse needs of those we serve?

Is there anything about participating in this project that would present a challenge to you?  If so, please explain:

I agree to participate as an active working member of the Division of Mental health and Addictions Services Multicultural Services Advisory Committee.

I agree that my background and capabilities as outlined herein are true.

I agree to attend 6 scheduled meetings yearly.

I agree to serve for a period of one year from the date of my membership appointment.

Applicant Signature Date