



Mid-Valley Behavioral Care Network

1660 Oak Street SE, Suite 230 ■ Salem, Oregon ■ 97301

PHONE: (503) 361-2647 ■ FAX: (503) 585-4989 ■ www.mvbcn.org

Council Member Application

Name _____

Date _____

Home address _____

City _____

Phone _____

Business address _____ (if applicable)

City _____

Phone _____

For which category of seat are you applying?

Consumer, family and/or advocate **___ XXX _**

Medical-surgical practitioner _____

Psychiatric inpatient program _____

Private chemical dependency agency _____

Public mental health agency _____

Public chemical dependency agency _____

Private mental health agency _____

What is your experience, if any, with the MVBCN or the Oregon Health Plan?

What is your experience that would help you represent the perspective of someone who has received mental health services?

Why are you applying for this appointment, or what do you hope to contribute to the development and oversight of a regional behavioral health care service?

Personal references:

(Name)

(Phone)

1. _____

2. _____

PLEASE RETURN THIS FORM TO:

Mail: Mid-Valley Behavioral Care Network - or -
Attn: Helen Lara
1660 Oak Street SE, Suite 230
Salem, Oregon 97301

Fax: 503-585-4989
Attn: Helen Lara

For assistance, or if you have any questions, please call Helen Lara at MVBCN in Salem, at 503-585-4992, or outside Salem, toll free 1-866-422-6647.