**Montgomery County System of Care County Leadership Team Application**

**All information from obtained through this application will be kept confidential.**

**Name:**

**Email:**

**Day Phone:**

**Evening Phone:**

**Best Time to Call:**

**Address:**

**Are you currently employed?**

**If yes, where do you work and what do you do?**

**Are you or have you ever been a member of an advisory board or a board of directors?**

**If yes, please identify types of boards and your role:**

**Are you now or have you ever been involved in any community/ county organizations or any committees?**

**If yes, please describe what there are/ were and your role:**

**Do you have a reliable means of transportation?**

**Is there anything you foresee that will prevent you from attending meetings or participating?**

**What days and times are best for you to attend Leadership Team Meetings?**

**Check all that apply:**

**Mon Tues Wed Thurs Fri**

**Mornings Afternoons Late afternoons Evenings**

**The membership of our County Leadership Team reflects the needs and diversity of our county. All team members must understand and respect the System of Care values. The team supports and works towards our shared values, mission, and vision. Do you have any concerns with regard to System of Care values or with accepting and respecting diversity within our team and our work? If yes, please describe**

**Please tell us why you want to be member of the System of Care County Leadership Team?**

**Briefly describe any unique experiences, skills, and/ or strengths that you have that would benefit this team?**

**Please tell us about some of your relevant experiences in dealing with the behavioral health system, child welfare, and/or juvenile justice system.**

**What do you see as your role in the system?**

**What do you feel is needed most in the system right now?**

**What have you learned that has been effective that you might want to share with others?**

**What strategies are you aware of that have worked for other youth and families?**

**What do you need to know about how the system works in order to help solve problems?**

**How did you hear about this opportunity?**

**Thank you for your interest in the System of Care County Leadership Team**

**Signature:**

**Date:**