

DISABILITY RIGHTS NEW YORK PAIMI ADVISORY COUNCIL MEMBER APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please answer all of the following questions. You may attach additional pages if you need more room for answers. PLEASE INCLUDE A COPY OF YOUR RESUME WITH THIS APPLICATION.

Disability Rights New York's Board of Directors is committed to having a PAIMI Advisory Council that reflects New York State's diversity. In order to assist the Board in selecting diverse Advisory Council members, please identify to which of the following groups you belong (please check all that apply):

- Am now receiving or have in the past received mental health services
- Other disability: (please specify): _____
- Family member, guardian, advocate, or authorized representative of an individual with a disability
- African American
- Asian
- Native Hawaiian or other Pacific Islander
- Hispanic/Latino
- Alaskan Native
- Native American
- White
- Two or more races
- Gay, Lesbian, Bisexual or Transgender
- Decline to state

If you wish to provide any additional explanation regarding the information above, please do so here:

DRNY's PAIMI Advisory Council is required to include people from various parts of the mental health system. Please state which of the following categories apply to you (please check all that apply):

- Am now receiving or have received mental health services
- Family member of person now receiving or who has received mental health services
- Primary caregiver for a minor now receiving or who has received mental health services
- Attorney generally knowledgeable about the mental health system
- Provider of mental health services
- Mental health professional (e.g., psychiatrist; psychologist; licensed therapist or counselor, etc.)
- Am knowledgeable about mental illness, the advocacy needs of persons with mental illness, and have demonstrated a substantial commitment to improving mental health services

Please explain why you are interested in serving on the DRNY PAIMI Advisory Council.

Are you now serving on any other Advisory or policy-making Boards? If so, please identify them.

Please describe any current or past experience you have working with community organizations, including service on boards or advisory committees. Please identify all organizations.

Are you or any member of your household associated by employment or financial investment with any public or private entity that provides services to individuals who have mental illness? If so, please identify the entity and the nature of your association.

Please describe any experience with and/or knowledge about working with racially, ethnically or geographically underserved disability communities.

Please describe any experience with and/or knowledge about advocating for people with disabilities, including but not limited to people with mental illness.

Please describe any leadership or policy development experience you have had, including any such experience unrelated to people with disabilities and disability-related organizations.

Are you currently a member of or otherwise involved with any disability or civil rights organizations? If so, please identify those groups.

I live in the following area:

- Western New York
- Central New York
- Capital District
- Hudson Valley
- New York City
- Long Island
- North Country

Please note that PAIMI Advisory Council meetings will take place at least three times annually and may be held in different parts of New York State, including Albany, New York City, and Rochester. DRNY will provide reasonable accommodations and reimburse travel expenses incurred by Advisory Council members in accordance with DRNY policies.

DATE:

SIGNATURE:

PLEASE RETURN APPLICATION TO:

**Betsy Sterling
PAIMI Director
Disability Rights New York
44 Exchange Blvd., Suite 110
Rochester, New York 14614
Fax: 585-348-9823**