



MUSKEGON COUNTY BOARD OF COMMISSIONERS
APPLICATION FOR APPOINTMENT/REAPPOINTMENT
TO SERVE ON HEALTHWEST BOARD OF DIRECTORS



Please note items highlighted below are voluntary; however a diverse board that represents our community and people we serve is desired. We will give priority to persons who represent this diversity particularly if you are a family member or person in Recovery from Substance Use Disorders or Mental Health Disorders.

Name: _____ Phone: _____

Home Address: _____

Employer/Address: _____

Work Phone: _____ E-mail Address: _____

Geographic Area: _____
(work and home)

Veteran Status: _____ Gender Identity: _____

Race: _____ Sexual Orientation: _____

Ethnicity: _____ Type of Disability: _____

Date of Birth: _____ Type of Disorder: _____

Does more than 10% of your income come from work within the health care industry? Yes No

What special experience, education, or interest do you have for serving on the HealthWest Board?

What special skills do you feel you could bring to this board? _____

What other boards/committees do you currently serve on, or have you served on in the past? _____

Are you now or have you ever been a primary consumer of services (i.e., receiving substance use services or mental health services)?

Please note this is not limited to HealthWest services. Yes No

Are you a secondary consumer of services (have a family member that is receiving or has received services)? Yes No

If so what are/were they treated for? _____

Are you now or have you ever been formally homeless? Yes No

Signature: _____

Date: _____

Please return this completed application to: Muskegon County Administration, Attn: Admin Coordinator, 990 Terrace Street, Suite 416, Muskegon, MI 49442
Or e-mail to: tharpka@co.muskegon.mi.us

Please review the attached Service Pledge document and note that if an appointment is made, you will be asked to sign and abide by the Pledge and its commitments.