

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

Mental Health Board / Developmental Disabilities Board

NAME: _____

ADDRESS: _____
Street City State Zip Code

EMAIL: _____ **PHONE:** _____

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BOARD: _____

BEGINNING DATE OF TERM: _____ **ENDING DATE:** _____

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. **IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATE MUST COMPLETE THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

- 1. Are you a resident of Champaign County? Yes No
- 2. Are you employed with the Office of Developmental Disabilities, Illinois Department of Human Services or any facility operating under contract with the MHB or DDB? Yes No

3. What experience and background do you have which you believe qualifies you for this appointment?

4. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role?

5. What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees?

6. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

7. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) Yes No If yes, please explain:

8. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

The facts set forth in my application for appointment are true and complete. I understand this application is a document of public record that will be on file in the County Board Office.

Signature

Date