



### Application to Serve on the OnPoint Board

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Occupation: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone/Cell: \_\_\_\_\_

E-mail \_\_\_\_\_

Are you 18 or older?  Yes  No      Are you an Allegan County resident?  Yes  No

Per the Michigan Mental Health Code 330.1222, certain categories need to be represented on the OnPoint board. Please check the categories which you believe apply to you and please explain how you represent that category.

Provider of mental health services. \_\_\_\_\_

Agency/occupation having a working involvement with mental health services. \_\_\_\_\_

General public (brief job description) \_\_\_\_\_

Public official (defined as individuals serving in an elected or appointed public office or employed more than 20 hours per week by an agency of federal, state, city, or local government, including public schools or colleges or universities.)

\_\_\_\_\_

Recipient or primary consumer of mental health services (defined as an individual who has received or is receiving services from OnPoint, another community mental health services program or from the private sector equivalent to those offered by OnPoint or the Michigan Department of Health and Human Services.)

Family of a recipient/primary consumer of mental health services (defined as a parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50% of his/her financial support.)

\_\_\_\_\_

Please list your membership on other boards or commissions: \_\_\_\_\_

\_\_\_\_\_

The Michigan Mental Health Code prohibits an individual from being appointed to the OnPoint board if he/she is a party to a contract with OnPoint or administers or benefits financially from a contract with OnPoint or serves in a policy-making position with an agency under contract with OnPoint. A list of agencies that contract with OnPoint is listed on our board webpage, though it may not include all current contracts. Do any of these restrictions apply to you?    Yes    No. If yes, please explain:

\_\_\_\_\_

I have read OnPoint's Bylaws and Board Policies (available on web site [www.onpointallegan.org](http://www.onpointallegan.org), under "Board" tab) concerning Conflict of Interest (OnPoint Bylaws, Art. VIII, Policy #201, Sec. III), and agree to comply fully with these terms and conditions at all times during my service as an OnPoint Board member. If at any time following the submission of this form I become aware of any actual or potential conflicts of interest, or if the information I provided becomes inaccurate or incomplete, I will promptly notify the Board Chairperson in writing.

\_\_\_\_\_  
Board Member's Signature

\_\_\_\_\_  
Please print your name

Please return completed application to: Mark Witte, Chief Executive Officer ([mwitte@onpointallegan.org](mailto:mwitte@onpointallegan.org)) OnPoint, 540 Jenner Drive, Allegan, Michigan 49010  
Phone 269-673-6617 Fax 269-673-2738