

POCC Steering Committee Candidate's Statement Application

Name _____

Address _____

Telephone # _____ Email Address _____

I have been a Pool of Consumer Champion (POCC) Member for 6 months

Signature _____

Answer the Questions below (two page limit):

What is your experience as a mental health consumer or a person with mental health challenges? (“A consumer is a person who has experienced mental health issues that have disrupted his or her education, employment, housing, social connections and/or quality of life. He or she has utilized mental health services and has a personal experience of stigma, discrimination or social exclusion.”)

What diversity will you bring to the Steering Committee and how will you represent this population(s)? (Ethnic; Cultural; Geographic; Age; Sexual Preference or identity; Veteran; Homeless; Other)

Return by June 12, 2017 to

ACBHCS Consumers Empowerment Team

2000 Embarcadero, Suite 400 Oakland, CA 94606

email or mhogden@acbhcs.org

fax: 510-567-8130 attention M Hogden, or P Franklin

How have you been active in the POCC or other mental health/consumer endeavors? What skills would you bring to the POCC Steering Committee?

Why do you want to be on the Steering Committee?

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