

LHRC REAPPOINTMENT APPLICATION FORM

rev. 9-2016

NAME OF LHRC: _____

Today's Date: _____

Name: _____ Email: _____

Street Address: _____

City, State, Zip: _____ Telephone #: _____

Current (or most recent) Employer: _____

Employer's Address: _____

Dates of Employment: From _____/_____/_____ to _____/_____/_____

Occupation/ profession (if retired, list previous occupation): _____

Educational Background: _____

Please check categories in which you are eligible or willing to serve:

Family Member Individual* Healthcare Provider Other Professional

*Individual means a person who is receiving mental health, developmental or substance use treatment or services or who has received services within the last 5 years.

What did you find most rewarding about your service on the LHRC?

Did you feel the training you received was sufficient? Why or why not?

What recommendations do you have for improvement of the LHRC?

Reasonable accommodations or modifications will be provided to enable individuals with disabilities to participate. Please describe what, if any, accommodation you might require (e.g. Sign language interpreter, visual aids, access to meetings).

By checking this box and typing my name below, I am electronically signing my application

Applicant's Signature:

Reviewed for completeness by:

As an alternative, you may submit this application by printing out the completed form, signing it, and sending it to:

Local Human Rights Committee (LHRC)
C/O Quality Assurance
Alexandria Department of Community and Human Services
720 North Saint Asaph Street, 4th Fl.
Alexandria, VA 22314