

**HUMAN RIGHTS COMMITTEE
NOMINATION FORM**

Date Form Completed _____

Region to be considered for:

- Maricopa County
- Pima County
- Northern Arizona
- Southeastern Arizona
- Western Arizona
- Arizona State Hospital
- Pinal/Gila

Role or area of expertise:

- Consumer of behavioral health services
- Parent of child receiving services
- Family member of a consumer
- Education
- Special Education
- Law
- Social Work
- Medicine
- Psychology
- Behavioral Health

Nominee Information:

Full Name: _____

Address: _____

Phone: _____

E-mail: _____

Thank you for your interest in becoming a Human Rights Committee member.

Please include any information regarding experience, degree, and/or other qualifications you have that are related to the role/area of expertise you have noted on this nomination form. (or attach resume or curricula vitae): _____

*Please complete Conflict of Interest on reverse side of this form.

If you have any questions about human rights committees or the appointment process for members, please call Yisel Sanchez at 602-364-4577 or 1-800-421-2124.

Conflict of Interest

For the purpose of the Human Rights Committee, a conflict of interest is defined as having a personal, professional or financial relationship or interest making it difficult to fulfill the duties of the committee impartially.

_____ I do not have a conflict of interest.

* _____ I have a potential conflict of interest due to:

*Identifying a potential conflict of interest does not necessarily preclude you from being a committee member.

Please submit this completed nomination form to:
Yisel Sanchez, Human Rights Committee Coordinator
ADHS/DBHS Bureau for Consumer Rights
150 N. 18th Ave. Ste. 210
Phoenix, Arizona 85007
or Fax (602) 364-4590