

MHB COMMUNITY REVIEWER APPLICATION

| | | | |
|---------------------------------|--|----------------|--|
| NAME: | | | |
| ADDRESS: CITY, STATE, ZIP | | | |
| PHONE #: | | EMAIL ADDRESS: | |

Check the box for each statement that describes you:

| | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | I am a resident of the City of St. Louis and I am 18 or older. | <input type="checkbox"/> | I have experience accessing/receiving mental health services for myself or a family member |
| <input type="checkbox"/> | I have experience accessing summer camp and/or summer enrichment services in St. Louis City. | <input type="checkbox"/> | I have experience accessing/receiving substance use prevention or treatment services for myself or a family member |

What skills/expertise would you bring to the proposal review committee? (Check all that apply)

| | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Project Management | <input type="checkbox"/> | Substance use/Recovery services |
| <input type="checkbox"/> | Program evaluation | <input type="checkbox"/> | Mental health services |
| <input type="checkbox"/> | Community outreach/Community organization | <input type="checkbox"/> | Homeless/Transitional living services |
| <input type="checkbox"/> | Youth services/Youth development | <input type="checkbox"/> | Criminal Justice professional or lived experience |
| <input type="checkbox"/> | Other: | <input type="checkbox"/> | Other: |

Related Work & Volunteer Experience (Business, civic, community, fraternal, political, professional, recreational, religious, social)

| ORGANIZATION | ROLE/TITLE | DATES OF SERVICE (mo/year) |
|--------------|------------|-------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Why are you interested in serving as a Community Reviewer?

Describe your experience with reviewing and/or evaluating funding proposals for direct services.

Saint Louis MHB is recruiting for multiple community reviewer opportunities. Your availability will determine to which review you are assigned.

Please indicate your availability to read applications on your own as follows:

Individual Application Review (approx. 30 hours)

| | | | |
|--|--|--|---|
| | REVIEW A: January 27 – February 6 (Please note this timeframe includes Saturday and Sunday) | | REVIEW B: March 6 – 10 |
|--|--|--|---|

Are you available to complete a virtual training on February 23, 6:00 – 7:00 pm? Yes No

In the space below please list the exact dates and time ranges that you are available to participate in review meetings between March 20 – 31.

| | | | | |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| March 20 | March 21 | March 22 | March 23 | March 24 |
| | | | | |
| March 27 | March 28 | March 29 | March 30 | March 31 |
| | | | | |

By signing below, I certify to the best of my knowledge that all information included in this application is correct. I understand that if I am selected to serve as a Community Reviewer, I will be required to submit a conflict of interest statement and confidentiality agreement.

Signature

Date

Submit Completed Application by email with the subject “Community Review” to stlmhb@stlmhb.com or fax to 314-535-6584 or mail to St. Louis Mental Health Board, 333 S. 18th Street, Suite 200, St. Louis, MO 63103