## Department of Behavioral Health (DBH) Department Diversity Committee (DDC) Application

Thank you for your interest in volunteering to serve on the DDC.

DDC member responsibilities	DDC	member	respons	ibi	lities
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- DDC reports to/from clinic/program on DDC activities/events
- Participate in monthly meetings (2 hours a month)
- Participate in DDC trainings/activities
- One-year commitment

Name:				
Race/Ethnicity:				
Heritage:				
Program you currently work for:				
Other programs you have worked for within DBH:				
Length of time you have been in your current position:				
Outside of work interest, hobbies or community work:				
Why are you interested serving on the DDC?				
Supervisor:	Supervisor Signature:			