

Dona Ana County Health and Human Services Alliance
MEMBERSHIP APPLICATION FORM



HHS Internal Use:	
	Membership Agreement
	Operating Guidelines
	Alliance Orientation
	DAC Code of Conduct

Name: _____ Title: _____

Mailing Address: _____

Organization: _____

Physical Address (if different): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Cell: _____

E-mail: _____

1. Please check the member category you could represent on the HHS Alliance: Please select a primary and secondary category you want to represent.

[Select 1 for Primary and 2 for Secondary]

- ____ Consumer Member
- ____ Provider Member
- ____ Advocate Member
- ____ Educational/Academic Member
- ____ Geographic Member (Please indicate region)
 - Northern Central Southern
- ____ Special Designation Member: (As determined by HHS Dept): _____

Member category definitions:

Consumer: (physical, behavioral and human services) A person who has received services or who is family member or significant other to someone who has ever received services.

Provider: (physical, behavioral and human services) A provider is a credentialed professional who offers services and is currently working for an organization that provides services in Dona Ana County.

Advocate: (physical, behavioral and human services) An advocate is a member of the community that works for the betterment of others and monitors the service delivery systems.

Educational/Academic: (School, University, Association) This individual is associated with a school or association and works to educate the public.

Geographic: (North, Central, and South) Geographic members represent community members in regions throughout the county.

Special Designation: (Senior, Youth, Special Needs, etc) Special designation member are selected by the HHS director and/or the executive committee based on the needs of the department and the implementation of the action plan.

2. All members of the Alliance are strongly recommended to participate in at least one of the following committees.

Please check all committees you would like to participate in:

- Access to Care
- Behavioral Health
- Data Collection & Evaluation
- Policy
- Prevention and Education

3. Please explain your interest in serving as a member of the HHS Alliance:

4. Please describe how you are involved in health or human services:

5. Please describe the population or community you service or represent (including geographic area):

6. Please list your community service experience during the past five (5) years (paid or unpaid):

7. Please list any additional information you consider important:

Application Process

Once an application is received, if there are no vacancies, the application will be valid for six (6) months in the HHS department. During the six months, it is the responsibility of the applicant to update the application information by contacting HHS staff. At the end of the six month period, HHS staff will contact the applicant to see if he or she would like to resubmit an application. During the six months, if one of the positions becomes vacant, the application process will begin.

Applications being reviewed for membership will go through an initial review process at an Executive Committee meeting. The Executive Committee will make a recommendation as to whether or not to send the application to the General Membership for a vote. If the application is sent to the next General Membership meeting, the applicant will be notified and asked to be present to speak to Alliance members.

I understand the purpose and responsibilities of an Alliance member and agree to represent myself as an individual community member and not as the agency (or agencies) in which I serve professionally or personally but agree to work together toward a common purpose of improving the health status of Doña Ana County Residents.

Signature

Date

On behalf of the Doña Ana County Health and Human Services Department, we thank you for your interest in the Health and Human Services Alliance.

**Please send this application to HHS Alliance Facilitator
845 N. Motel Blvd., Las Cruces, NM 88007
Fax: 525-5922, Telephone: 525-5834**