

Multicultural Services Advisory Committee Military Corrective Membership Application Form

Joining MSAC

Eligibility Criteria:

Currently employed by an agency/organization within the Division of Mental Health and Addiction Services (DMHAS) system of care.

Willingness to advocate for effective and competent service delivery to consumers of vulnerable, minority cultures.

Full Membership benefits include:

Opportunities to connect with colleagues across DMHAS system of care
Opportunities to advise and make recommendations to DMHAS regarding multicultural services
Opportunities for professional development, leadership roles, and community service
Review and discuss the latest statewide multicultural service needs and trends with MSAC
members

Membership Responsibilities

As a member, your responsibilities are:

To actively participate in meetings regularly

To provide clear and timely communication in response to meeting invitations

To maintain professional conduct by treating fellow members and our guests with respect and courtesy

To help maintain a positive, friendly environment necessary for all members to learn and grow To be a multicultural ambassador for MSAC and an advocate for cultural humility and culturally-responsive service delivery

To actively communicate service needs/ trends/ information with your DMHAS agency and other stakeholder groups.

How to Join

Complete Membership Application Form and submit it to MSAC Chair:

MSAC Chair:

Dr. June DePonte Sernak Statewide Diversity Consultant june.depontesernak@centerffs.org

Name:	
Agency/Organization:	
Position/Title:	
Agency/Organization Address:	
	Zip Code:
Work Email:	
Work Phone:	
Please tell us about your experience wi become a member.	ith multicultural populations/services and why you desire to
Please tell us what you see yourself tak agency/organization.	king away and using from this committee at your
What areas within cultural diversity an set to contribute to the committee?	nd inclusion would you consider are your most relevant skill
Application Signature	Date
Supervisor Signature	Date Date