



**MSAC**  
*Multicultural Service  
Advisory Committee*

# Multicultural Services Advisory Committee DMHAS 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 Leadership Officer**  
**[june.depontesernak@centerffs.org](mailto:june.depontesernak@centerffs.org)**

**Name:** \_\_\_\_\_

**Agency/Organization:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_

**Agency/Organization Address:** \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

**Work Email:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

***Please tell us about your experience with multicultural populations/services and why you desire to become a member.***

***Please tell us what you see yourself taking away and using from this committee at your agency/organization.***

***What areas within cultural diversity and inclusion would you consider are your most relevant skill set to contribute to the committee?***

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***Application Signature***

***Date***

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***Supervisor Signature***

***Date***