

Contra Costa County Mental Health Commission's
APPLICATION FORM

Please complete the following and send it to:

Contra Costa County Mental Health Commission
ATTN: MHC Executive Assistant
1340 Arnold Drive, Suite 200
Martinez, CA 94553

Date: 1-16-2015
Name: Duane C. Chapman
Address: 2411 Church Lane # 31
City/Zip: San Pablo, CA 94806
Phone: Home: (510) 778-9569
Work: () _____
Cell: (510) 975-7257
Fax: () _____
E-Mail: duane.chapman@att.net

1. What Supervisor District do you live in? I

2. Educational Background:
Some College

3. Occupation (for-pay work, not-for-pay work, student, retiree status, etc.)
Note: No member of the Commission or their spouse shall be a full- or part-time employee of a County mental health service, and employee of the State Department of Mental Health, or an employee or a paid member of the governing board of a Bronzan-McCourquodale contract agency.

Retired

4. Community and/or Volunteer Activities (include any Board memberships):
Served 10 years on Richmond Human Rights Com.
Currently volunteering for the
Richmond Police Dept.

5. Special Interests:
Help with Fund Raising for Youth Groups
Picture taking, Plants & Just
Being able to enjoy life.

6. Experience and knowledge of the mental health system:

Family members with MH Dx
1979 - 2005 Worked Health Services
1984-2005 Worked with the Homeless Population of CCC

7. It is estimated that a minimum of 10 hours per month is required of members of the Mental Health Commission. Number of hours you are able to devote to the Commission:

15 hours

8. The monthly Mental Health Commission meeting is held the 2nd Thursday of each month from 4:30-6:30 p.m. The Commission Bylaws require attendance at a minimum of 9 monthly Mental Health Commission meetings. Attendance at all Commission meetings is highly desirable. The Bylaws also require membership on at least one of the Standing Committees, which also meet monthly. Meetings are generally held during the morning or later afternoon. Will attendance be a problem for you?

☒ No ☐ Yes. If you answered "Yes", please explain.

9. The California State Welfare and Institutions Code that established the Mental Health Commission requires representation from the following groups. Please check what most accurately describes your experience:

☐ Consumer Representative (past or current consumer of mental health services)

☐ Family Member (parent, spouse, sibling, or adult child of a past or current consumer or mental health services)

☒ Member-at-Large (professional experience or knowledge of and interest in mental health services)

For the box you have checked, what prior advocacy experience in that role have you had, especially in this County?

Working with people who have Dx of HIV, T.B.
Mental Health Dx. Homeless, living on streets

10. What do you believe you can/will contribute to the Mental Health Commission?

Promote Mental Health in all walks of life,
& to do everything that is possible to make sure
that everyone is able to receive Mental Health
services with dignity & respect



Contra
Costa
County

RECEIVED

DEC 16 2014

For Office Use Only
Date Received:

Print Form

For Reviewers Use Only:
Accepted Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

MAIL OR DELIVER TO:

Contra Costa County

CLERK OF THE BOARD

651 Pine Street, Rm. 106

Martinez, California 94553-1292

PLEASE TYPE OR PRINT IN INK

(Each Position Requires a Separate Application)

RECEIVED

JAN 06 2015

MENTAL HEALTH COMMISSION

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

Mental Health Commission

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

Member at Large

PRINT EXACT SEAT NAME (if applicable)

1. Name: Chapman Duane Charles
(Last Name) (First Name) (Middle Name)

2. Address: 2411 Church Lane #31 San Pablo CA 94806
(No.) (Street) (Apt.) (City) (State) (Zip Code)

3. Phones: 510-778-9569 510-375-7257
(Home No.) (Work No.) (Cell No.)

4. Email Address: duane.chapman@att.net

5. EDUCATION: Check appropriate box if you possess one of the following:

High School Diploma ☒ G.E.D. Certificate ☐ California High School Proficiency Certificate ☐

Give Highest Grade or Educational Level Achieved 1st Year of College

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) North Park College	Nursing/Music	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B) Malcom X/ML King, Jr.		Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C)		Yes No <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded:			
Homeless Ombusman Training		40 Hours	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

<p>A) Dates (Month, Day, Year)</p> <p>From <input type="text"/> To <input type="text"/></p> <p>12-2005 10-2012</p> <p>Total: Yrs. <input type="text"/> Mos. <input type="text"/></p> <p>Hrs. per week <input type="text"/> 40 . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Administrative Coordinator</p> <p>Employer's Name and Address</p> <p>Healthright 360 (Walden House, Inc.) 1735 Mission ST. San Francisco, CA 94103</p>	<p>Duties Performed</p> <p>Provided clerical support for the in-patients program. Performed client intake. Entering Date into various electronic systems to ensure integrity and accuracy.</p> <p>Collaborated with staff and others to ensure program compliance.</p>
<p>B) Dates (Month, Day, Year)</p> <p>From <input type="text"/> To <input type="text"/></p> <p>5-1979 9-2005</p> <p>Total: Yrs. <input type="text"/> Mos. <input type="text"/></p> <p>Hrs. per week <input type="text"/> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Homeless Ombudsman/Case Manager</p> <p>Employer's Name and Address</p> <p>Contra County County Human Resources 651 Pine Street Martinez, CA 94553</p>	<p>Duties Performed</p> <p>As a third party facilitator, provided confidential and impartial assistance in resolving grievances & complaints. Advisory role to resolve disputed and complaints between all department with in the county systems. Advocated for fairness and the treatment for all homeless clients.</p>
<p>C) Dates (Month, Day, Year)</p> <p>From <input type="text"/> To <input type="text"/></p> <p>Total: Yrs. <input type="text"/> Mos. <input type="text"/></p> <p>Hrs. per week <input type="text"/> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Employer's Name and Address</p>	<p>Duties Performed</p>
<p>D) Dates (Month, Day, Year)</p> <p>From <input type="text"/> To <input type="text"/></p> <p>Total: Yrs. <input type="text"/> Mos. <input type="text"/></p> <p>Hrs. per week <input type="text"/> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Employer's Name and Address</p>	<p>Duties Performed</p>

7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☒ District Supervisor ☒ Other Member of the Commission

8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No ☒ Yes ☐

If Yes, please identify the nature of the relationship:

9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations? No ☐ Yes ☒

If Yes, please identify the nature of the relationship: County Retirement

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County.

Sign Name: 

Date: 12/1/2014

Important Information

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Board at: **651 Pine Street, Room 106, Martinez, CA 94553.**
3. A résumé or other relevant information may be submitted with this application.
4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.