



**Trusted Response Urgent Support Team  
(TRUST)  
Community Advisory Board (CAB) Application**

**Full Name:**

**Today's Date:**

Title (if applicable):

Organization or Agency Affiliation (if applicable):

**Address:**

**Zip Code:**

**Phone #:**

**E-mail:**

**1. What group(s) do you represent (please select all that apply)?**

Client/Consumers of mental health services

Families of clients/consumers of behavioral health services

Mental health and substance use services

Direct care provider

Social services direct care provider

Consumer advocate

LGBTQ Community, describe (optional):

Health care, describe:

Law enforcement, describe (Office of the Sheriff, City, etc.):

Other \_\_\_\_\_

**1. What is your ethnicity?**

Latino/Hispanic  
Asian/Pacific Islander

African American  
Caucasian/White

American Indian/Native American  
Other: \_\_\_\_\_

**2. Gender assigned at birth:**

Male

Female

Decline to state

**3. Gender identity:**

☐ Male

☐ Female

☐ Transgender

☐ Genderqueer

☐ Questioning

☐ Decline to state

☐ Other: \_\_\_\_\_

**4. Sexual orientation:**

☐ Bisexual

☐ Gay/Lesbian

☐ Heterosexual

☐ Queer

☐ Questioning

☐ Decline to state

☐ Other: \_\_\_\_\_

**5. Are you a Veteran?**

Yes

No

Decline to state

**6. Have you received behavioral health services?**

Yes

No

Decline to state

**7. Are you a family member of a client/consumer of behavioral health services?**

Yes

No

Decline to state

**8. Which Region are you representing?**

☐ City of San Jose

☐ North County

☐ West Valley

☐ South County

☐ N/A

**SEE PAGE 3 FOR ADDITIONAL QUESTIONS**

**What is your interest in serving on the CAB?**

**Please describe any experience in representing your community. (Such as prior work with organizations, agencies, boards, committees, etc.)**

**What are some strengths or added values you bring to the CAB?**

**Please add any additional information you'd like to share.**

**Indication of Availability: By applying to the CAB, I am acknowledging that I have sufficient time to devote to this responsibility and will notify the Chair of the CAB of any inability to attend a scheduled meeting in a timely manner.**

Please email your completed application to Maria Contreras.

([Maria.Contreras@hhs.sccgov.org](mailto:Maria.Contreras@hhs.sccgov.org))

