



**APPLICATION FOR THE CHCS BOARD OF TRUSTEES
VETERAN REPRESENTATIVE TRUSTEE**

6800 Park Ten Blvd. Suite 200-S, San Antonio, Texas 78213
Phone: (210) 261- 2427

TITLE (OPTIONAL): MR. MRS. MS. DR. REV. Today's Date: _____

LAST NAME _____ FIRST NAME _____ MI _____

HOME ADDRESS: _____ ZIP CODE _____

DATE OF BIRTH: ____/____/____ GENDER (OPTIONAL): MALE FEMALE

PHONE: _____ EMAIL: _____

SERVED: _____ AIR FORCE _____ ARMY _____ COAST GUARD
_____ MARINES _____ NAVY _____ SPACE FORCE

YEARS SERVED: _____

HONORABLY DISCHARGED: _____ YES _____ NO

Briefly describe why you want to serve on the CHCS Board of Trustees and how the Center, its consumers, family members, and stakeholders would benefit from your appointment (e.g. experience with mental health treatment and issues, treatment and issues concerning intellectual and developmental disorders, substance abuse treatment and issues, healthcare planning or public health policy, financial planning, contracts and procurement, serving on strategic/advisory councils or boards, etc.).
