



## FRANKLIN COUNTY COMMISSIONERS

Human Services Administrator's Office  
Human Services Building  
425 Franklin Farm Lane  
Chambersburg, PA 17202

Hearing Impaired Number: (717) 264-8474

Telephone: (717) 261-3893  
Fax: (717) 261-0999

### COMMISSIONERS

Dean A. Horst Chairman  
John T. Flannery  
Robert G. Ziobrowski

[www.franklincountypa.gov](http://www.franklincountypa.gov)

**Human Service Administrator**  
Stacie M. Horvath  
[smhorvath@franklincountypa.gov](mailto:smhorvath@franklincountypa.gov)

## HUMAN SERVICES BLOCK GRANT COMMITTEE MEMBER INTEREST FORM

**MISSION:** Our mission is to assist in identifying needs-based program priorities for promoting the health, well-being, and self-sufficiency for all people in Franklin County by and through the maximization of HSBG resources.

<b>DATE SUBMITTED:</b>	<b>DATE RECEIVED:</b>
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<b>NAME:</b>
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<b>ADDRESS:</b>
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<b>BEST CONTACT PHONE NUMBER: CELL:</b> _____ <i>(or)</i> <b>LANDLINE:</b> _____
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<b>EMAIL ADDRESS:</b>
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<b>DO YOU CURRENTLY WORK and/or VOLUNTEER?</b> ____ Yes <i>(or)</i> ____ No <b>IF YES, PLEASE LIST:</b>
<b>ORGANIZATION:</b>
<b>WORK ADDRESS:</b>
<b>TITLE or ROLE:</b>

<b>DO YOU CURRENTLY or HAVE YOU EVER SERVED on ANY ADVISORY BOARDS or COMMITTEES?</b> ____ Yes <i>(or)</i> ____ No <b>IF YES, PLEASE LIST:</b>
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**PLEASE EXPLAIN WHY YOU ARE INTERESTED in BECOMING a MEMBER of the FRANKLIN COUNTY HUMAN SERVICES BLOCK GRANT COMMITTEE?** \_\_\_\_\_

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**DO YOU HAVE ANY SPECIAL AREAS OF INTEREST/EXPERIENCE?**

- |  |   |
|--|---|
| <input type="checkbox"/> MENTAL HEALTH                           | <input type="checkbox"/> HOMELESS ASSISTANCE          |
| <input type="checkbox"/> INTELLECTUAL DEVELOPMENTAL DISABILITIES | <input type="checkbox"/> CULTURAL DIVERSITY           |
| <input type="checkbox"/> DRUG and ALCOHOL                        | <input type="checkbox"/> CRIMINAL JUSTICE             |
| <input type="checkbox"/> AGING SERVICES                          | <input type="checkbox"/> EARLY INTERVENTION/EDUCATION |
| <input type="checkbox"/> CHILDREN and YOUTH                      | <input type="checkbox"/> HEALTH PLANNING              |
| <input type="checkbox"/> VETERANS AFFAIRS                        | <input type="checkbox"/> EMPLOYMENT and TRAINING      |
| <input type="checkbox"/> Faith-Based                             |   |
| <input type="checkbox"/> OTHER (please list): _____              |   |

**PLEASE PROVIDE ONE (1) REFERENCE of SOMEONE WHO has KNOWN YOU, EITHER PERSONALLY or PROFESSIONALLY, for at LEAST ONE (1) YEAR.**

*Please Note that this Person will be contacted for a brief interview by the Human Services Administrator*

**NAME:**

**TITLE or OCCUPATION:**

**EMAIL ADDRESS:**

**BEST CONTACT PHONE NUMBER:**

**BEST TIME of DAY to CONTACT:**