

**APPLICATION TO SERVE ON
HUMBOLDT COUNTY
BEHAVIORAL HEALTH BOARD**

1)Name: _____

2)Address: _____

3)Email: _____

4)Telephone: _____

5)Supervisory District: _____

6)Occupation: _____

7)Category:

Consumer Family of Consumer TAY Other

8)Prior Advisory Board or Commission Experience Yes No

9)Personal References:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

10)Please write a brief statement describing why you are interested in serving on the Humboldt County Behavioral Health Board:

Current Date Signature _____

Please send this application to:

ATTN. Joe McManus
Humboldt County Behavioral Health Board
720 Wood Street
Eureka, CA 95501

For Office Use Only: Date to BOS: Approved Not Approved