**Application for Appointment to**

**Lassen County Behavioral Health Advisory Board**

|  |  |
| --- | --- |
| Name: | Date: |
| Home address: | Mailing address (if different): |
| Home/cell phone: | Email address: |
| Occupation: | Employer: |
| Work phone: | Work address: |
| State your qualifications for serving on the Lassen County Behavioral Health Advisory Board: |
| Community activities and organizational affiliations: |
| Reason for desiring to serve on this Board (please be as specific as possible): |
| Are you registered to vote in Lassen County? ⬜ Yes ⬜ No |
| *For Clerk’s use only: VR # Precinct #*  |
| The Advisory Board meets eight times per year and may meet more often as deemed necessary. Advisory Boards members are appointed by the Board of Supervisors and advise the Health & Social Services Director and the Board of Supervisors on matters concerning community behavioral health services and programs and issues within the Behavioral Health Department. |
| **Please note: This form is a public document and open for inspection.** |
| Signature of applicant: | Date: |
| Parental consent for minor: | Date: |
| Please return completed application to:**Lassen County Clerk****220 South Lassen Street, Suite 5****Susanville, CA 96130** |