

**APPLICATION FOR APPOINTMENT TO THE  
BEHAVIORAL HEALTH BOARD OF SAN LUIS OBISPO COUNTY**

**Date:** \_\_\_\_\_ **Preferred Phone:** \_\_\_\_\_

**Alternative Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Last**

**First**

**Middle**

**Address:** \_\_\_\_\_

**Number**

**Street**

**City**

**Zip Code**

**Occupation:** \_\_\_\_\_

**Supervisor/District #:** \_\_\_\_\_

1. PLEASE NOTE: No member of the board or his or her spouse shall be a full-time or part-time county employee of a county mental health service, an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body of, a mental health contract agency (excepting Consumers who can now serve while employed by contractors.) *(CA Welfare & Institutions Code 5604.)*

**Do you or your spouse work for the California State Department of Health Care Services, or for County Behavioral Health Department, or a Behavioral Health Contract agency, which could affect your eligibility for a position on the Behavioral Health Board?**

**Yes**

**No**

2. State law requires that Behavioral Health Boards be made up of persons who are receiving or have received behavioral health services (Consumers), who are the parents, spouses, siblings, or adult children of consumers (Family), or who represent local agencies with experience and knowledge of the mental health system (Agency). Please select the category that best describes your situation.

**Consumer**  **Family**  **Agency**  **Neither**

**Do you know of any other reasons why you would have a conflict of interest and could not serve?**

**Yes**

**No**

3. Why do you want to participate as a Behavioral Health Board member?
4. **Education, Knowledge, Experience:** List school courses, volunteer activities, special skills, training, certificates, licenses, or work experience that you feel relate to your qualifications:
5. Please describe your personal and/or professional experience with persons with mental illness, substance abuse disorders and/or co-occurring disorders.
6. How much time will you be able to devote to Behavioral Health Board duties/activities?
- 2-3 hours/month  4-6 hours/month  7-10 hours or more/month

**SELF IDENTIFICATION:** We need to ask your age; racial or ethnic group and gender to ensure Affirmative Action guidelines are considered. This information is voluntary and if you object to filling it out, YOU NEED NOT DO SO.

Age: \_\_\_ Gender: \_\_\_ **Check One:** White  Black   
 Asian  LatinX/Hispanic   
 Pacific Islander  Native American   
 Other

Please advise us of any needed accommodations for attendance at meetings:

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**PLEASE RETURN THIS APPLICATION TO:**

**Behavioral Health Board  
Membership Committee  
2180 Johnson Avenue  
San Luis Obispo, CA 93401**

**From: California Welfare and Institutions Code Community Mental Health Services. The Bronzan-McCorquodale Act. Chapter 1 5604**

**Clarification of Membership:**

*(B) Fifty percent of the board membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.*

*(e)(1) Except as provided in paragraph (2), a member of the board or the member's spouse shall not be a full-time or part-time county employee of a county mental health service, an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body of, a mental health contract agency.*

*(2) A consumer of mental health services who has obtained employment with an employer described in paragraph (1) and who holds a position in which the consumer does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the board. The member shall abstain from voting on any financial or contractual issue concerning the member's employer that may come before the board.*