

**APPLICATION FOR REPRESENTATION ON THE
BEHAVIORAL HEALTH BOARD OF SAN LUIS OBISPO COUNTY**

Date: _____ **Home Phone:** _____

Business Phone: _____

Name: _____
 Last **First** **Middle**

Address: _____
 Number **Street** **City** **Zip Code**

Occupation: _____

Supervisor/District #: _____

1. 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? (These categories are ineligible.)

Yes **No**

2. State law requires that Behavioral Health/Mental Health Boards be made up in part of persons who have received mental health services. Have you or has any member of your family ever received mental health services?

Self **Family** **Neither**

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 mentally ill persons; substance abuse disorders and/or co-occurring disorders.

6. How much time will you be able to devote to Mental Health Board duties/activities?

2-3 hours/month 4-6 hours/month 7-10 hours of more/mo.

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

Age: _____ Sex: _____ **Check One:** White Black
Asian Spanish/Hispanic
Filipino Native American
Other

Physical Handicap: _____

RETURN THIS APPLICATION TO:

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