

SOUTH CENTRAL BEHAVIORAL HEALTH BOARD

CANDIDATE'S APPLICATION OF INTENT TO SERVE

Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Usual Daily Activity/Occupation: _____

Is your nomination on behalf of a community organization, board, commission or council?

Yes No If yes, please list: _____

Based upon your own special interests and skills, in what ways are you interested in contributing to SCBHB?

Please comment on any knowledge or experience you have in the fields of mental health and substance use disorders.

List any previous experience with boards, councils, etc.

Please add any information that you think might be relevant to your appointment.

Are you able to attend monthly meetings? Yes No

(normal meetings are held the 2nd Tuesday of each month from 11:30 a.m. – 1:30 p.m. in Twin Falls)

Are you willing to work on committees, workgroups, or special projects other than attending the monthly meeting? Yes No

MY APPLICATION BEST FILLS THE FOLLOWING STATE REQUIRED CATEGORIES (check up to three)

- County Commissioner
- Department of Health & Welfare employee
- Parent of a child with a serious emotional disturbance **currently vacant**
- Law Enforcement Officer
- Adult mental health consumer representative
- Mental health advocate
- Substance use disorder advocate
- Adult substance use disorder consumer representative
- Family member of an adult mental health consumer
- Family member of an adult substance use disorder consumer
- Private provider of mental health services
- Private provider of substance use disorder services
- School district representative (elementary or secondary) **currently vacant**
- Juvenile justice system representative
- Adult correction system representative
- Judiciary representative (appointed by the administrative district judge)
- Physician or other licensed health care practitioner
- Hospital representative

Applicant Signature

Date

Please Return This Application To:

Nancy Andreotti, Administrative Assistant
South Central Public Health District
1020 Washington St. N., Twin Falls, ID 83301-3156
FAX: (208) 734-9502
EMAIL: Nandreotti@phd5.idaho.gov