

# 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

(Full Board meetings are held the 2<sup>nd</sup> Tuesday, every other month (Jan, Mar, May, July, Sept, Nov) from 11:30 a.m. – 1:30 p.m. at South Central Public Health District, Katz Conference Rooms A & B, 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
- Parent of a child with a substance abuse disorder
- 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)
- 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

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Applicant Signature

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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](mailto:Nandreotti@phd5.idaho.gov)**