**Application for Appointment to**

**Lassen County Behavioral Health Advisory Board**

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| 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** | | |