



Region One Behavioral Health Board

Application of Intent to Serve

Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Primary Contact: Home Cell Work

Home Address _____

City: _____ State: _____ Zip: _____

Usual occupation/employer/daily activity: _____

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 the Region 1 Behavioral Health Board? _____

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 state the reason you are interested in serving on the Behavioral Health Board: _____

Please add any additional information you think might be relevant to your appointment: _____

Are you able to attend a minimum of a monthly meeting? Yes No

Our Board meetings are the 1st Wednesday of the month, 2-4 pm.

Are you willing to work on committee's or special projects, as well as attending the monthly meeting? Yes No

My application best fills the following state required categories (check up to 3):

- _____ County Commission or their designee
- _____ Department of Health and Welfare Employee
- _____ Parent of a child with a serious emotional disturbance
- _____ Parent of a child with a substance use 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
- _____ 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 practitioner
- _____ Hospital representative
- _____ Prevention Position

Applicant Signature

Date