



# 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: \_\_\_\_\_ Email: \_\_\_\_\_

Usual occupation/employer: \_\_\_\_\_

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?

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Please comment on any knowledge or experience you have in the fields of mental health and substance use disorders. List any previous service with boards, councils, etc.:

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

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

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The Board meets on the first Wednesday of every month from 2 – 4 PM.

Are you able to attend the minimum of one meeting per month? Yes No

Are you willing to work on committees or special projects, including additional monthly meetings? Yes No



# Region One Behavioral Health Board

Which of the following Idaho Statutory member designations would your appointment best fill? Please check up to 3:

- County Commissioner
- 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
- Court appointed judiciary representative

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## MISSION & VISION

“The Mission of the Region 1 Behavioral Health Board is to advocate, educate, and ensure accessible care for those in need of Mental Health and Substance Use services, by developing and sustaining a network that promotes prevention and ready access to a full range of services.”

“Region 1 Behavioral Health Board envisions a healthy community through a collaborative integrated network that promotes and sustains hope and recovery for all.”