

**APPLICATION TO SERVE ON  
HUMBOLDT COUNTY  
BEHAVIORAL HEALTH BOARD**

1) Name: \_\_\_\_\_

2) Address: \_\_\_\_\_

3) Email: \_\_\_\_\_

4) Telephone: \_\_\_\_\_

5) Supervisorial District: \_\_\_\_\_

6) Occupation: \_\_\_\_\_

7) Category:

Consumer     Family of Consumer     TAY     Veteran     Other

8) Prior Advisory Board or Commission Experience     Yes     No

9) Personal References

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

10) Please write a brief statement describing why you are interested in serving on the Humboldt County Behavioral Health Board:

By accepting this position, please be aware that you are committing to attending 10 meetings per year and working on at least one subcommittee.

Current Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please send this application to:**  
(BHB@co.humboldt.ca.us)  
ATTN. Joe McManus  
Humboldt County Behavioral Health Board  
720 Wood Street  
Eureka CA, 95501

***For Office Use Only:***

Date to BOS: \_\_\_\_\_

Approved

Not Approved

**Please send this application to:**  
(JMcManus@co.humboldt.ca.us)  
ATTN. Joe McManus  
Humboldt County Behavioral Health Board  
720 Wood Street  
Eureka CA, 95501