



APPLICATION
FOR THOSE DESIRING TO SERVE ON THE
STANISLAUS COUNTY
BEHAVIORAL HEALTH BOARD

ALL APPOINTMENTS ARE MADE BY THE
STANISLAUS COUNTY BOARD OF SUPERVISORS

Please type or print

NAME _____
First Middle Last

ADDRESS _____
Street Address City State Zip Code

E-MAIL ADDRESS _____

TELEPHONE _____
Home Phone Work Phone or Cell Phone

1. What Supervisorial District do you live in? _____
(Click here to see map of districts)

2. Are you or your spouse a full-time or part-time employee of the County mental health services (including community agencies which have a contract with the Stanislaus County Behavioral Health and Recovery Services), an employee of the State Department of Mental Health, or an employee of, or paid member of the governing body, of a mental health contract agency or to a Drinking Driver Program?

Yes _____ No _____

(If yes, you are not eligible under State law to be a member of the Stanislaus County Behavioral Health Board.)

3. How many hours could you devote each month to carrying out the duties of a Behavioral Health Board member? _____ hours per month

Current law requires that 50 percent of the members of the Mental Health Board be consumer and family members.

4. Have you ever received or are you currently receiving mental health/substance abuse services?

Yes _____ No _____

5. Have your parents, spouse, siblings or children ever received or are they currently receiving mental health/substance abuse services?
Yes _____ No _____
6. What is your professional, work or volunteer background?
(Please attach additional sheets if necessary.)
7. Education (high school, college, trade school, or training).
Note: There is no specific educational requirement.
8. Do you have any special areas of interest in mental health/substance abuse? If so, please describe below. (Please attach additional sheets if necessary.)
9. What specific things would you like to accomplish as a member of the Behavioral Health Board? (Please attach additional sheets if necessary.)
10. What mental health/substance abuse or related interest groups/advisory groups/governing boards or organizations do you currently belong to? (Please attach additional sheets if necessary.)

A resume containing other pertinent information about yourself would be helpful to Board members in evaluating your application.

Signature

Date

Please return Interest Survey to:

Stanislaus County Behavioral Health Board
800 Scenic Drive, Modesto, CA 95350
(209) 525-6225
Fax (209) 558-4326

Please list three references with telephone numbers and attach to this form.