Application for Appointment to

**[Insert name of Board or Commission]**

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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 [**Insert name of Board or Commission**]: | | |
| Community activities and organizational affiliations: | | |
| Reason for desiring to serve on this Board (please be as specific as possible): | | |
| *For Clerk’s use only: VR # Precinct #* | | |
| The Advisory Board meets [insert #] times per year and may meet more often as deemed necessary. Advisory Board 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. | | |
| **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:  **[Insert email and/or mailing address]** | | |