Application for Appointment to

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

|  |  |
| --- | --- |
| 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]** |