

REGION VII BEHAVIORAL HEALTH BOARD
Application for Appointment to Board

Applicant's Name _____

Mailing Address _____

Home Phone _____ **Work Phone** _____

E-mail Address _____

Category of Membership Nomination for Region VII: (Please check all that apply)

- County Commissioner (3)
- IDHW Employee Representing Behavioral Health System (2)
- Parent of a Child with Serious Emotional Disturbance
- Law Enforcement Officer
- Parent of child with SUD
- MH Advocate
- SUD Advocate
- Adult SUD services consumer representative
- Adult Mental Health consumer representative
- Family Member of AMH consumer
- Family Member of SUDS consumer
- Mental Health Provider within Region
- SUDS Provider within Region
- Licensed Physician/Health Practitioner
- Hospital Representative within Region
- Elementary or Secondary Public Education System
- Juvenile Justice System
- Representative of Adult Corrections
- Member of Judiciary

Please indicate briefly why you are interested in serving on the Region VII Behavioral Health Board and how you will use your participation to take this information back to your organization/community:

Board members who miss three consecutive meetings without good cause are deemed to have terminated their membership.

Signature

Date

PLEASE SUBMIT YOUR COMPLETED APPLICATION TO: MartinM@dhw.idaho.gov
OR MAIL TO: MONICA MARTIN, 150 Shoup Ave. Suite 17, Idaho Falls, ID 83402

Thank you for your interest in the Region VII Behavioral Health Board.