

# Region 3 Behavioral Health Board

## Application / Nomination form

Applicant/Nominee NAME: \_\_\_\_\_

HOME Phone: \_\_\_\_\_ CELL Phone: \_\_\_\_\_

WORK Phone: \_\_\_\_\_ Preferred EMAIL: \_\_\_\_\_

Preferred MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Is this address WORK?  HOME?

Occupation/usual daily activity: \_\_\_\_\_

COUNTIES IN REGION 3 in which you reside or work (check all that apply):  Canyon  Washington   
Adams  Payette  Gem  Owyhee

Is this Application/Nomination at the request of a Community Organization, Board or Council? YES  NO

IF YES, Please list:

Organization Name, Contact Name, Daytime Phone Number and Email Address for Nominating Group:

Is your area of passion/concern/expertise: Mental Health  Substance Use Disorders  Both

Do you have a lived experience (personal or close family member)? YES  NO  Prefer not to answer

Please check any of the boxes below that describe your background (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Parent of Child with Mental Health disorder       | <input type="checkbox"/> County Commissioner or designee x 3        |
| <input type="checkbox"/> Parent of Child with Substance Use Disorder       | <input type="checkbox"/> Treatment Service Provider – Mental Health |
| <input type="checkbox"/> Adult Mental Health Consumer                      | <input type="checkbox"/> Treatment Service Provider – SUDS          |
| <input type="checkbox"/> Adult SUD's Consumer                              | <input type="checkbox"/> Juvenile Justice System Current Employee   |
| <input type="checkbox"/> Family Member of Person with MH Diagnosis         | <input type="checkbox"/> Adult Correction System Current Employee   |
| <input type="checkbox"/> Family Member of Person with SUDS Diagnosis       | <input type="checkbox"/> Law Enforcement, Agency: _____             |
| <input type="checkbox"/> Advocate for Mental Health                        | <input type="checkbox"/> Region 3 DHW BH Staff x 2                  |
| <input type="checkbox"/> Advocate for SUDS Prevention, Treatment, Recovery | <input type="checkbox"/> Hospital Representative                    |
| <input type="checkbox"/> Education Representative: School/Grades: _____    | <input type="checkbox"/> 3rd District Judiciary                     |
| <input type="checkbox"/> Licensed Physician or Health Professional: _____  |   |

### ARE YOU:

Able to attend monthly meetings? YES  NO

### Willing to participant in board working groups or subcommittees?

YES  NO  YES, even if I am not appointed to the Behavioral Health Board  Please

indicate areas of interest:

- |  |  |
|--|--|
| <input type="checkbox"/> Children's Mental Health    | <input type="checkbox"/> Family Support Services   |
| <input type="checkbox"/> Treatment Service Providers | <input type="checkbox"/> Recovery Support Services |
| <input type="checkbox"/> Recovery Activities/Center  | <input type="checkbox"/> Community Education       |
| <input type="checkbox"/> Transportation              | <input type="checkbox"/> Advocacy                  |
| <input type="checkbox"/> Housing                     | <input type="checkbox"/> Public Policy             |
| <input type="checkbox"/> Employment                  |  |
| <input type="checkbox"/> Other: _____                |  |

The new Board will need members with different skill sets and talents. Please check any of the boxes below that describe your expertise, work experience or personal gifts/interests (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Community Organizer – someone who rallies the troops                   | <input type="checkbox"/> Communications   |
| <input type="checkbox"/> Business Savvy   | <input type="checkbox"/> Social Media – Facebook, Twitter, Pinterest, etc.  |
| <input type="checkbox"/> Planning   | <input type="checkbox"/> Grant Writing  |
| <input type="checkbox"/> Marketing  | <input type="checkbox"/> Training   |
| <input type="checkbox"/> Fund Raising   | <input type="checkbox"/> Public Speaking <input type="checkbox"/> Worker Bee – a behind the scenes “get it done” person |
| <input type="checkbox"/> Evaluation   | <input type="checkbox"/> Facilitation Skills  |
| <input type="checkbox"/> Local Government   | <input type="checkbox"/> Research   |
| <input type="checkbox"/> Other items not listed, but are skills or talents you can share: _____ | <input type="checkbox"/> Health Care  |
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Please comment on any knowledge or experience you have in fields of mental health and/or substance use disorders. Why are you interested in serving on the Region 3 BH Board?

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Please list any previous experience you have with boards, councils or other organizations, include any offices or work groups/committees to which you have contributed your talent?

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Please list the contact name, phone number and email address for someone who can tell us more about your participation in an organization with a service mission (church, school, community, work – all areas of your life experience):

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Please add any additional information you want us know about your interest in the BH board.

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Based on your current obligations, are there specific days or times that would make attending Regional BH board meetings difficult (for example, if you have a standing meeting on the 2<sup>nd</sup> Tuesday of the month from 9 a.m. to 11 am or if you cannot attend meetings scheduled for Mondays)

Please indicate your schedule restrictions: \_\_\_\_\_

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\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**Please return this completed form by email or mail to:**

Linda Pratzner, [linda.pratzner@phd3.idaho.gov](mailto:linda.pratzner@phd3.idaho.gov)  
Southwest District Health  
13307 Miami Lane, Caldwell, Idaho 83607