

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"/> Facilitation Skills | |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Research |
| <input type="checkbox"/> Local Government | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Other items not listed, but are skills or talents you can share: _____ | |
-
-

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?

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?

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):

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

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 2nd 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: _____

APPLICANT SIGNATURE

DATE

Please return this completed form by email or mail to:

Emily Straubhar
Emily.Straubhar@phd3.idaho.gov
Southwest District Health
13307 Miami Lane, Caldwell, Idaho 83607