

**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)

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

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:

Please provide two references (name and contact information) for the Appointing Authority to contact:

Name: _____ Email: _____ Phone #: _____

Name: _____ Email: _____ Phone #: _____

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

Signature _____
Date

Please email your application to mjohnson@eiph.idaho.gov or mail it to Eastern Idaho Public Health, Attn: Mallory Johnson, 1250 Hollipark Drive, Idaho Falls, ID 83401
Thank you for your interest in the Region VII Behavioral Health Board.