

Application for Appointment to the Mental Health, Alcohol and Drug Advisory Committee (MHADAB)

Name: _____ Phone Number(s): _____

Address: _____

To be considered for appointment to the MHADAB Advisory Committee, you must be able to check one (or more) of the following categories:

I am a:

- Consumer (past or present) of mental health, alcohol, and drug services
- Consumer or Family Member (past or present) of mental health, alcohol, and drug services
 - Young Adult aged 25 and younger
 - Employee of a local Education Agency
- Family member (past or present) of someone who has received mental health, drug, and alcohol services
- Veteran or Veteran Advocate meaning a parent, spouse or adult child of a veteran or an individual who is part of a veteran's organization, including Veteran of Foreign Wars or American Legion
- Supporting community member such as with law and justice, education, health community, representative of community partners

Day(s)/Time(s) available to attend meetings: _____

AREA OF INTEREST:

REASON FOR APPLYING:

PRIOR EXPERIENCE RELATED TO MENTAL HEALTH, ALCOHOL AND/OR DRUG SERVICES:

PLEASE LIST YOUR CURRENT EMPLOYER:

Please list three references with telephone numbers:

1) _____

2) _____

3) _____

MHADAB Members may be employees of Shasta County HHSA or a company contracted with HHSA, however, they may not be employed or contracted with the Behavioral Health and Social Services (BHSS) Branch of HHSA.

- Are you currently employed or employed by a company contracted with HHSA? Yes No
- If yes, are you currently employed or employed by a company contracted with BHSS? Yes No

Signature: _____ Date: _____

Applications must be filed with:

Shasta County MHADAB
2640 Breslauer Way, Redding, CA 96001
Email: MHADAB@shastacounty.gov
Phone: (530) 229-8266

Office Use Only:

Date Received: _____