

South Central Behavioral Health Board

Intent to Serve application

Name:

Work phone:

Email address:

Mobile phone:

Mailing address:

Home phone:

Occupation or Usual Daily Activity: *(include employer name & job title)*

Did a community organization, board, commission or council nominate you? Yes No

If yes, please list:

Based upon your own special interests and skills, in what ways are you interested in contributing to SCBHB?

Please comment on any knowledge or experience you have in the fields of mental health and substance use disorders.

List any previous experience with boards, councils, etc.:

Please add any information that you think might be relevant to your appointment:

Are you able to attend monthly meetings? Yes No

(SCBHB meetings are held on the 2nd Wednesday of every month 11:30 a.m. – 1:00 p.m. Attendance can be in person at the South Central Public Health District building in Twin Falls or virtually through GoToMeeting.)

Are you willing to work on committees, workgroups, or special projects (in addition to regularly attending the monthly meetings)? Yes No

My INTENT to SERVE best fills the following state-required position(s) (check up to three):
(please check the board member list to ensure the position you desire is vacant)

- County Commissioner
- Idaho Department of Health & Welfare employee
- Parent of a child with a serious emotional disturbance
- Parent of a child with a substance abuse disorder
- Law Enforcement Officer
- Adult mental health consumer representative
- Mental health advocate
- Substance use disorder advocate
- Adult substance use disorder consumer representative
- Family member of an adult mental health consumer
- Family member of an adult substance use disorder consumer
- Private provider of mental health services
- Private provider of substance use disorder services
- School district representative (elementary or secondary)
- Juvenile justice system representative
- Adult correction system representative
- Judiciary representative (appointed by the administrative district judge)
- Physician or other licensed health care practitioner
- Hospital representative
- Prevention Specialist

Applicant Signature

Date

Please Return This Application to:

South Central Behavior Health Board
c/o South Central Public Health District
1020 Washington St. N.
Twin Falls, ID 83301-3156

Fax: (208) 734-9502, attn: SCBHB
Email: eposton@phd5.idaho.gov