Region 5 Behavioral Health Board

Application of Intent to Serve

Name: ____________________________ Home Ph: ____________________________
Mailing Address (incl city, state, zip) Work Ph: ____________________________
Email: ____________________________ Cell Ph: ____________________________

Daily Activity/Occupation:

Did a community organization, board, commission, committee or council nominate you?
NO ☐ If YES, please list:

Please tell us about your special interests, skills, and/or experiences related to the fields of mental health, behavioral health and/or substance use disorder. Include any experience with boards, councils, committees, etc.

Please add any other information you think is relevant to your appointment.

Are you willing and able to attend monthly meetings? YES ☐ NO ☐
(SCBHB usually meets on the 2nd Wednesday of every other month, 11:30 a.m. - 1:00 p.m. in Twin Falls)

Are you willing to volunteer for committees and/or special projects? YES ☐ NO ☐

MY APPLICATION BEST FILLS THE FOLLOWING STATE-REQUIRED REPRESENTATIVES (select up to 3):
☐ County Commissioner or their designee ☐ Family member of an adult SUD consumer
☐ Department of Health and Welfare employee ☐ Private provider of mental health services
☐ Parent of a child with a serious emotional disturbance ☐ Private provider of substance use disorder services
☐ Parent of a child with a substance use disorder ☐ School district rep (elementary or secondary)
☐ Law enforcement officer ☐ Juvenile justice system representative
☐ Adult mental health consumer representative ☐ Adult correction system representative
☐ Mental health advocate ☐ Judiciary representative
☐ Substance use disorder advocate ☐ Physician or other licensed health practitioner
☐ Adult substance use disorder consumer rep ☐ Hospital representative
☐ Family member of an adult mental health consumer ☐ Prevention Specialist

APPLICANT SIGNATURE ____________________________ DATE ____________

Please Return This Application To:
South Central Public Health District
Attn: SCBHB
1020 Washington St. N., Twin Falls, ID 83301-3156
FAX: (208) 734-9502