

APPLICATION TO SERVE ON

HUMBOLDT COUNTY

BEHAVIORAL HEALTH BOARD

- 1) Name: Joos Lone Weaver
2) Address: _____
3) Email: _____
4) Telephone: _____
5) Supervisorial District: District 2?
6) Occupation: CR student
7) Category:

☐ Consumer ☐ Family of Consumer ☒ TAY ☐ Veteran ☐ Other

- 8) Prior Advisory Board or Commission Experience ☒ Yes ☐ No

9) Personal References

Name: Enid Weaver Telephone: _____
Name: Alix Cameron Telephone: _____

- 10) Please write a brief statement describing why you are interested in serving on the Humboldt County Behavioral Health Board:

By accepting this position, please be aware that you are committing to attending 10 meetings per year and working on at least one subcommittee.

I would love to put my lived experience into service and help make change on behalf of those who need it most.

Current Date: 10/8/24

Signature: _____

Please send this application to:

(BHB@co.humboldt.ca.us)

ATTN. Joe McManus

Humboldt County Behavioral Health Board

720 Wood Street

Eureka CA, 95501