

APPLICATION TO SERVE ON
HUMBOLDT COUNTY
BEHAVIORAL HEALTH BOARD

1) Name: Tim Doty

2) Address: _____

3) Email: _____

4) Telephone: _____

5) Supervisorial District: Wilson

6) Occupation: retired Presbyterian pastor

7) Category:
Consumer Family of Consumer | TAY | Other

8) Prior Advisory Board or Commission Experience Yes | No

9) Personal References:
Name: Tim Ash Telephone: _____
Name: Lea Nagy Telephone: _____

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

I served on the BHB before and want to come back. I am also on the local NAMI board. I want to focus on mental health housing issues

Current Date: 6/25/12 9/14/26 Signature: [Signature]

Please send this application to:
ATTN. Joe McManus
Humboldt County Behavioral Health Board
720 Wood Street
Eureka, CA 95501

For Office Use Only: Date to BOS: _____ | Approved _____ Not Approved _____