

**APPLICATION TO SERVE ON
HUMBOLDT COUNTY
BEHAVIORAL HEALTH BOARD**

1)Name: Debra Hartridge

2)Address: 1000

3)Email: _____

4)Telephone: _____

5)Supervisory District: Third

6)Occupation: Retired health education

7)Category:

Consumer Family of Consumer TAY Other

8)Prior Advisory Board or Commission Experience Yes No

9)Personal References:

Name: Tim Doty Telephone: _____

Name: Vicky Joyce Telephone: _____

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

I have a family member with a serious mental illness. I have been an active member of NAMI Humboldt County (National Alliance on Mental Illness)for over 20 years and am currently serving as acting secretary of the NAMI BOD. I am familiar with the mental health services offered in Humboldt County and would like to learn more. I see membership on the BHB as a learning opportunity.

Current Date

10/4/21

Signature

Debra Hartridge

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

6/5/12