APPLICATION TO SERVE ON HUMBOLDT COUNTY BEHAVIORAL HEALTH BOARD

1)Name: Gardner Carlso:	n.		Sta Zinish mining managan manag	
2)Address:	and an action and action and action and action and action actions are actions and actions are actions and actions are actions as a second actions are actions as a second action as a second action actions are actions as a second action actio	Estado de la Contracto de la C		
3)Email:				
4)Telephone:				
5)Supervisorial District:	District Four			
6)Occupation: Psychiatri	c Technician/LPT Dispensary Nu	rse Aegis Eureka (all the first contract of the
7)Category:				
Consumer	⊠ Family of Consumer	X TAY		
8)Prior Advisory Board	or Commission Experience	☐ Yes	⊠ No	
9)Personal References:				
Name: Gina V Ness		Telephone:	<u> Lagrage</u> and mentions are serviced in the	
Name: Tim Dory		Telephone:	authoris some med med authoris som i som	100000000000000000000000000000000000000
Humboldt County B	statement describing why y ehavioral Health Board:	ou are interest	ed in serving on	the
Aegis Eureka as a disp of mental illness in my people and a positive a punitive or in a manner	te added input as a new Ad bensing nurse. I have many family and in my profession and supportive manner, not that isolates them and doe a positive force in creating r	years of exper al career. I beli doing things to s not allow per	ience in the man ieve in doing thir people through sonal independe	agement igs with restrictive.
Firmant Para 6/2011				

On 06/02/2022 9:05 AM McManus, Joe <jmcmanus@co.humboldt.ca.us> wrote:

Gardner- The membership application you sent to me back in March is blank. Can you please complete this and re send me the completed application. I need this in order for you to become a member of the BH Board. thanks

APPLICATION TO SERVE ON HUMBOLDT COUNTY BEHAVIORAL HEALTH BOARD

1)Name: Vernon Lee Price		
2)Address:		
3)Email:		
4)Telephone:		
5)Supervisorial District: 4th		
6)Occupation: Disabled		
7)Category:		
Consumer Family of Consumer	∏ ТАҮ	Other
8)Prior Advisory Board or Commission Experience	⊠ Yes	☐ No
9)Personal References:		
Name: _ Jennifer mcguire phD MSW	Telephone:	
Name: Greg Holtz	Telephone:	
10)Please write a brief statement describing why Humboldt County Behavioral Health Board:	you are interested i	n serving on the
i think lived experience is a Crucial part have been a part of this Board in recent Health issues. At this time i would like t Consecration as an applicant to the Boa	past, and had to o respectively red	resign do to
Current Date O5/18/22 Signature	me on	
Please send this application to:	Juniorenza	
ATTN. Joe McManus Humboldt County Behavioral Health Board		
720 Wood Street		
Eureka, CA 95501		
For Office Use Only: Date to BOS:	Approved	☐ Not Approved

APPLICATION TO SERVE ON HUMBOLDT COUNTY BEHAVIORAL HEALTH BOARD

1)Name: Oscar g	Mogollon M	Saticorena Satisfaction of the satisfaction of		
2)Address:		Toronto and a second		
3)Email:				
4)Telephone				
5)Supervisorial	District: S	UD Sub Committee		
6)Occupation:	Community (Organizer		
7)Category:				
Consum	er [Family of Consumer	⊠ TAY	Cther
8)Prior Advisory	/ Board or	Commission Experience		☐ No
9)Personal Refe	rences:			
Name: Laura M	ontagna		Telephone:	<u> </u>
Name: Kimberle	y White		Telephone:	
		ement describing why yavioral Health Board:	ou are intere	sted in serving on the
related or effect believe that a p which grows in	ted by deci portion of the our county ons id like t	sions and processes that e population that needs o join the team and deve	at are oversee representatio	organizers who work in fields on by the HCBHB. I also n is the Latinx community, p our community receive
Current Date 03	3/18/2022	Signature		
Please send this	applicatio	n to:		
ATTN. Joe McMa				
	-	al Health Board		
'20 Wood Stree ureka, CA 9550				
For Office Use Only		BOS:	Approved	Not Approved