

APPLICATION TO SERVE ON
HUMBOLDT COUNTY
BEHAVIORAL HEALTH BOARD

1) Name: Colleen Ruth BRODERICK

2) Address: _____

3) Email: _____

4) Telephone: _____

5) Supervisorial District: First district - Rex Bohn

6) Occupation: Retired Nurse practitioner

7) Category:

Consumer Family of Consumer TAY Other

8) Prior Advisory Board or Commission Experience Yes No

9) Personal References:

Name: Tobin McKee Telephone: _____

Name: Leslie Castellano Telephone: _____

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

See Attachment

Current Date 11/18/21 Signature _____

Colleen Ruth Broderick

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