APPLICATION TO SERVE ON HUMBOLDT COUNTY BEHAVIORAL HEALTH BOARD

| 1)Name: All | ison L. T | ans ———————————————————————————————————— | | |
|--|--|--|-------------------|---|
| 2)Address: | | | | |
| 3)Email: | | STANDARD STANDARD RESERVANTE OF CONTROL OF STANDARD STAND | | |
| 4)Telephone: | A CAN CARROLL TO A CAN CAN CAN CAN CAN CAN CAN CAN CAN C | Too gas and a green | | |
| 5)Supervisori | al District: <u>F</u> | ifth - Madrone | | |
| 6)Occupation | : Program | Manager-California | Workforce | Development Board |
| 7)Category: | | | | |
| Consu | ımer [| Family of Consumer | <u></u> ТАҮ | Other |
| 8)Prior Adviso | ory Board or | Commission Experience | ⊠ Yes | ☐ No |
| 9)Personal Re | ferences: | | | |
| Name: Cindy Harrington Telephone: | | | | |
| | | | - | |
| Name: Conni | .c llorenze | | Telephone: | |
| | | tement describing why avioral Health Board: | you are interest | ed in serving on the |
| | | | Pohavioral Health | n Board because I have both |
| a program an | d an adminis | trative background. Havir | ig previously wo | rked for the Humboldt |
| | | | | Health Maternal, Child and rce Development Board, I |
| have experience serving and reporting to the community. I have knowledge of the Behavioral Health programs and feel that I could provide both praise and constructive feedback for | | | | |
| programs and services. I operate with a growth mindset and am always focused on continuous quality improvement, so would welcome learning more about programs in other areas and how | | | | |
| | | rouid weicome learning m and services within Humb | | ams in other areas and how |
| L | | PRIEM AND SCALAR POST OF | | |
| Current Date | 7/13/21 | Signature | -io 8. 6 |) |
| Please send the | | on to: | | |
| ATTN. Joe McI | | lu lu s | | |
| 720 Wood Str | • | ral Health Board | | |
| Eureka, CA 95 | | | | |
| For Office Use O | nly: Date to | BOS: | Approved | ☐ Not Approved |