

APPLICATION TO SERVE ON  
HUMBOLDT COUNTY  
BEHAVIORAL HEALTH BOARD

1) Name: Danette Kellerman

2) Address: \_\_\_\_\_

3) Email: \_\_\_\_\_

4) Telephone: \_\_\_\_\_

5) Supervisorial District: 1st

6) Occupation: Social Worker Conflict counsel

7) Category:

- Consumer
- Family of Consumer
- TAY
- Other

8) Prior Advisory Board or Commission Experience  Yes  No

9) Personal References:

Name: Isabella Watherspoon Telephone: \_\_\_\_\_

Name: Laura Montagna Telephone: \_\_\_\_\_

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

I would like to have a voice in the community to better serve Mental Health and share experiences of how we could do better as a community. I started out homeless 27 years ago, and today I work for conflict counsel, and try remember where I have come from and how I can help others. Sometimes its the voices that are not always heard to breath new life into our ideas to better serve.

Current Date 2/16/22 Signature Danette Kellerman

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