

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

- 1) Name: Alex Childers
- 2) Address: \_\_\_\_\_
- 3) Email: \_\_\_\_\_
- 4) Telephone: \_\_\_\_\_
- 5) Supervisorial District: District 4
- 6) Occupation: Peer Coach
- 7) Category:

Consumer     Family of Consumer     TAY     Veteran     Other

- 8) Prior Advisory Board or Commission Experience     Yes     No

9) Personal References

Name: Erik Alfkin                      Telephone: \_\_\_\_\_

Name: Rawan Walker                      Telephone: \_\_\_\_\_

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

By accepting this position, please be aware that you are committing to attending 10 meetings per year and working on at least one subcommittee.

I have lived experience as a child and as a transition-age youth receiving county behavioral health services, including Crisis Stabilization Unit services, psychiatry/medication management, therapy/counseling, and case management from both Children's Behavioral Health and the Transition-Age Youth Division. I am passionate about sharing my unique experiences as a transition-age youth who received these county services to provide feedback that will inform and improve those services.

Current Date: 11/21/2024

Signature: Childers, Alex Digitally signed by Childers, Alex  
Date: 2024.11.21 12:30:17 -08'00'

**Please send this application to:**  
(JMcManus@co.humboldt.ca.us)  
ATTN. Joe McManus  
Humboldt County Behavioral Health Board  
720 Wood Street  
Eureka CA, 95501