## APPLICATION TO SERVE ON HUMBOLDT COUNTY BEHAVIORAL HEALTH BOARD

| 1)Name: Steven Loreus   |  |  |
|---|--|--|
| 2)Address:  | 12 - 12 - 12 - 13 - 13 - 13 - 13 - 13 -  |  |
| 3)Email:  |  |  |
| 4)Telephone:  |  |  |
| 5)Supervisorial District: 4 and/or 5  |  |  |
| 6)Occupation: <u>Developmental Disability, Exceptional</u>  | Student Education, Beha  | vior Analysis  |
| 7)Category:   |  |  |
| Consumer Family of Consumer   | ☐ TAY 🔀  | ] Other  |
| 8)Prior Advisory Board or Commission Experience   | X Yes  | No   |
| 9)Personal References:  |  |  |
| Name: Lauren Hoffman, MSEd, BCBA  | Telephone:   |  |
| Name: Erik Eustis, RN   | Telephone:   |  |
| 10)Please write a brief statement describing why you are interested in serving on the Humboldt County Behavioral Health Board:  |  |  |
| I have over 8 years of experience providing organ in which I have demonstrated an aptitude for strated an analysis and report writing which collectively professional certifications require me to attend vacurrent issues and solutions impacting underrepred addition, my own multi-ethnic heritage guides me necessary cultural sensitivity represented by my diversity. My fulsome development through hospitanalysis, research, exceptional student education prepared me to excel so I aim to prove each expense. | tegic planning, prograr<br>lend to measureable in<br>rious nation-wide confi-<br>esented populations act<br>to appreciate and oper<br>continuum of learning of<br>tality, mental health, all,<br>and disability services | m implementation, improvement. My erences on the cross the US. In erate with the certificate in pplied behavior as have collectively |
| Current Date 7/19/18 Signature  | LL.  |  |
| 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   |