## APPLICATION TO SERVE ON HUMBOLDT COUNTY BEHAVIORAL HEALTH BOARD

1) Name: Vernon Las Priz	<u> </u>	
2)Address:		2.5 <u>2.</u>
3)Email:	Transfer of the second	
4)Telephone: Home	Celli	han (h.)
5)Supervisorial District: #3 Mille W	'llsen_	
6)Occupation: Disables		
7)Category:		·
Consumer Family of Consumer	TAY	Other
8)Prior Advisory Board or Commission Experience 9)Personal References:	Yes	□ No .
Name: Brian Hall	Telephone:	Section 1990
Name: Jan Magaire / PHD. MSV.	Telephone:	36
10)Please write a brief statement describing why Humboldt County Behavioral Health Board:	you are interes	sted in serving on the
To Bring small meaningful centre That we hereve serv. from. A to manage there Meatal Illness.	ibutions in nd to Hel	ntu a community pothers beable
Current Date 6/25/12 Signature	v h	1/12
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