

# **TEHAMA COUNTY HEALTH SERVICES AGENCY**

Behavioral Health Division, PO Box 400, Red Bluff, CA 96080 (530) 527-5631



## **TEHAMA COUNTY BEHAVIORAL HEALTH BOARD MEMBERSHIP APPLICATION**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Fax No \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

List organizations with which you have worked: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give a brief statement as to why you are interested in being appointed to the Behavioral Health Board: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be interested in serving on a committee? Yes ☐ No ☐

Are you able to attend monthly meetings? Yes ☐ No ☐

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return application to:**

**Tehama County Health Services Agency  
Behavioral Health Division  
PO Box 400 (1860 Walnut St)  
Red Bluff, CA 96080**