



Why are you interested in serving as a member of the Washington County Behavioral Health Board?

Are you providing representation as a consumer of behavior health services or a family member of a consumer?

Yes  No    If yes, indicate which one:  Consumer  Family Member

I wish to apply for membership on the Washington County Behavioral Health Board. I am not an employee of any agency with which the Board has a contract for services or facilities (or will resign from agency Board or employment if appointed to the Behavioral Health Board). My spouse, child, parent, brother, sister, grandchild, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law does not serve on a Board of any agency with which the Behavioral Health Board has a contract for services or facilities OR does not serve as a County Commissioner of a county or counties in the Behavioral Health Board service district (Washington County). If appointed, I understand and agree that all information contained in this application and information regarding my race and gender can be made public.

Signature

Date