



**Volunteer Application for Appointment to the
Salish Behavioral Health Administrative Services Organization
Advisory Board**

The following information will assist us in the selection process. Please help us in getting to know you.

Name _____

Contact Phone # _____ Contact E-mail _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Address (if different) _____

Occupation _____ Employer _____

Education _____

(please circle) Clallam, Jefferson, or Kitsap County Residence since: _____

Have you or any member of your immediate family received mental health services or those related to substance abuse through the public service system? Yes _____ No _____

Are you recovering from mental illness, alcohol or other drug dependency? Yes _____ No _____

(Optional) What ethnic minority group do you represent? _____

Affiliations

Within the past year, have you or a member of your immediate family been employed by, or on the board of directors of any agency that may be supported by state or county funds? Yes _____ No _____

If yes, agency name _____

Special Training

Have you received special training in human services, mental health or substance abuse disorder services?

Yes _____ No _____ If yes, please describe: _____

Availability to Attend Meetings

❖ Quarterly daytime meetings? Yes _____ No _____ Quarterly evening meetings? Yes _____ No _____

- Nights of the week you would be unable to attend meetings (exclude Friday, Saturday or Sunday)

❖ Available to attend committee meetings in addition to regular quarterly meetings? Yes _____ No _____



Why are you applying for this appointment? _____

Which of your personal and/or professional interests prompted you to apply for this appointment?

Have you served on any County board, commission, committee, council or task force? If yes, please list:

Please list your qualifications for this appointment (include skills, activities, training, education).

What are your community interests (committees, organizations, special activities)? _____

Comments (optional)

In addition to the above, I wish to add: _____



Personal References *(Please provide the names of two non-relative references)*

1. Name _____ Phone # _____
Address _____ City/Zip _____
Relationship _____

2. Name _____ Phone # _____
Address _____ City/Zip _____
Relationship _____

I hereby certify that the information on this application is true and complete. My signature authorizes the program administrator to verify any of the information on this application and to secure information deemed necessary from employers and personal references in order to determine my suitability for the volunteer position I am seeking.

I also understand as a regional volunteer I will be performing services for civic, charitable or humanitarian reasons; I have not been promised and have no expectation of compensation for services rendered; and offer my services freely and without pressure or coercion, direct or implied, from the organization.

Signature _____ Date _____

We welcome your willingness to serve the Clallam, Jefferson and Kitsap County region. Please return this application to: Nicole Oberg, Salish BH-ASO Program Specialist; 614 Division St. MS-23, Port Orchard, WA 98366; noberg@co.kitsap.wa.us; 360.337.4829; fax: 360.337.5721