

**APPLICATION**

**SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PHONE (Hm) \_\_\_\_\_

(Wk) \_\_\_\_\_

(Cell) \_\_\_\_\_

(Fax) \_\_\_\_\_

AREA OF INTEREST:

REASON FOR APPLYING:

PRIOR EXPERIENCE RELATED TO MENTAL HEALTH, ALCOHOL AND/OR DRUG SERVICES:

REFERENCES:

Name \_\_\_\_\_

Phone: \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Phone: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form to:

Nicole Carroll, HHSA Adult Services, [ncarroll@co.shasta.ca.us](mailto:ncarroll@co.shasta.ca.us)

2640 Breslauer Way, Redding, CA 96001. Phone: (530) 229-8062

*Office Use Only:*

Date Received \_\_\_\_\_