

**APPLICATION**

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

**NAME:** \_\_\_\_\_

**PHONE:** (Hm) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

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

\_\_\_\_\_

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

**E-MAIL ADDRESS:** \_\_\_\_\_

(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:**

Cara Schuler, HHSA Adult Services  
2640 Breslauer Way, Redding, CA 96001

E-mail: [cschuler@co.shasta.ca.us](mailto:cschuler@co.shasta.ca.us)  
Phone: (530) 225-5900

Office Use Only:

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