

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 _____

Address _____

Phone: _____

Name _____

Address _____

Phone: _____

Signature

Date

Please return this form to:

Nicole Carroll, HHSA Adult Services

Email: ncarroll@co.shasta.ca.us

2640 Breslauer Way, Redding, CA 96001.

Phone: (530) 229-8062

Office Use Only:

Date Received _____