



THURSTON MASON BEHAVIORAL HEALTH ORGANIZATION

Thurston Mason County Citizens Advisory Application

I am seeking appointment to the Thurston Mason Behavioral Health Organization (BHO) Advisory Board:			
Name:			
Mailing Address:			
City:		Zip:	
Home Phone:		Work/Cell:	
Email:			

1. Please describe briefly why you would like to serve on this advisory board.
2. What do you perceive is the role of this advisory board?
3. What contributions do you wish to offer the board?
4. Please list your educational background.
5. Please list community organizations (membership/activities) and/or volunteer work that you are currently involved in.
6. Please list past community organizations (membership/activities), volunteer work and/or other relevant activities you were involved in.

7. What is your current occupation?		
8. Please indicate place of <u>current</u> employment, if any, below:		
<u>Agency/organization</u>	<u>Address</u>	<u>Phone</u>
9. Please list past occupation(s) and place(s) of employment:		
<u>Agency/organization</u>	<u>Address</u>	<u>Phone</u>
10. Please list three (personal or work-related) references.		
<u>Name</u>	<u>Address</u>	<u>Phone</u>
11. Appointment to this advisory board will require your attendance at regularly scheduled meetings, which usually occur in the evening. Members are appointed for a three (3) year term. How many hours per month are you willing to commit?		
Comments related to this application. (Please feel free to attach any information that you feel pertinent. If you have any questions or concerns, please contact TMBHO at 360-867-2602).		

Signature _____ Date _____

Please return this completed application to:

**Luke Unis - email: unis@co.thurston.wa.us
 Thurston Mason Behavioral Health Organization
 412 Lilly Road NE
 Olympia Washington 98506**