

Date: \_\_\_\_\_



COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT DEPARTMENT

Kathleen Torella, Director

BEHAVIORAL HEALTH ADVISORY BOARD  
BOARD MEMBERSHIP SUPPLEMENTAL

Board Applied For: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

County of Residence:  Adams  Ferry  Lincoln  
 Pend Oreille  Spokane  Stevens  
 At-Large: County of Residence \_\_\_\_\_

How did you hear about the vacancy? \_\_\_\_\_

Preference will be given to applicants who have one or more of the following qualifications: Individual who are in or who have received mental health or substance use disorder services; family members of individuals with mental health and substance use disorders; law enforcement; or member of the Colville, Spokane, or Kalispel Tribe. Other individual are recruited from the community at large. Please indicate which criteria you identify with.

- Individual currently or formerly enrolled in services  Law Enforcement
- Family member of individual currently or formerly enrolled in services  Tribal Member
- Other interested person

Were you referred to the board?  Yes  No If yes, by whom? \_\_\_\_\_

\_\_\_\_\_

The Behavioral Health Advisory Board has restrictions on membership if applicants are staff or board members of agencies contracted to provide services. Do you work for an agency or serve on the board of an agency contracted with Spokane County Community Services, Housing, and Community Development Department?  Yes  No

If yes, please explain your affiliation: \_\_\_\_\_

\_\_\_\_\_

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Do you or a family member have a financial interest in any Spokane County Community Services, Housing, and Community Development Department contracted service provider?

Yes  No If yes, please explain your/their affiliation: \_\_\_\_\_

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The Behavioral Health Advisory Board meets on a monthly-basis. Do you have any transportation issues?  Yes  NO If yes, please explain: \_\_\_\_\_

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**Thank you for applying!**

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Applicant's Signature