

**LASSEN COUNTY  
APPLICATION FOR APPOINTMENT TO  
MENTAL HEALTH / ALCOHOL AND DRUG ADVISORY BOARDS**

Please indicate the Advisory Board you wish to serve on: \_\_\_\_\_ Mental Health \_\_\_\_\_ Alcohol and Drug

Name \_\_\_\_\_

Business Address \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address (*if different*) \_\_\_\_\_

Business Phone (    ) \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

Business, occupation, profession, etc. \_\_\_\_\_

State your qualifications for serving on the above Board, Committee, or Commission:

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Community Activities and Organizational Affiliations:

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Reason for desiring to serve on this Board, Committee, or Commission (Please be as specific as possible):

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**Are you a registered voter in Lassen County: \_\_\_yes \_\_\_no**

*For Clerk's Use Only* VR# \_\_\_\_\_ Prec# \_\_\_\_\_

Advisory Boards will meet monthly and may meet at other times as may be deemed necessary. Advisory Board members are appointed by the Board of Supervisors and advise the Health and Human Services Director and Board of Supervisors on matters concerning Alcohol, Drug and Mental Health issues as well as related program issues within the Department.

**Please note that this form is a public document and open for inspection.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parental Consent for Minors

\_\_\_\_\_  
Date

**PLEASE RETURN APPLICATION TO:  
Julie Bustamante, LASSEN COUNTY CLERK  
220 SOUTH LASSEN STREET, SUITE 5  
SUSANVILLE CA 96130**