



Advisory Board Application

I am seeking appointment to the Thurston-Mason Behavioral Health Organization (BHO) Advisory Board:

Name:			
Mailing Address:			
City:		Zip:	
Work/Cell:		Home Phone:	
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 Advisory Board?
4. Please list your educational background.
5. Please list community organizations (membership/activities) and/or volunteer work that you are <i>currently</i> involved in.

6. Please list <i>past</i> 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: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>Agency/organization</u></td> <td style="width: 33%;"><u>Address</u></td> <td style="width: 33%;"><u>Phone</u></td> </tr> </table>	<u>Agency/organization</u>	<u>Address</u>	<u>Phone</u>
<u>Agency/organization</u>	<u>Address</u>	<u>Phone</u>	
9. Please list past occupation(s) and place(s) of employment: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>Agency/organization</u></td> <td style="width: 33%;"><u>Address</u></td> <td style="width: 33%;"><u>Phone</u></td> </tr> </table>	<u>Agency/organization</u>	<u>Address</u>	<u>Phone</u>
<u>Agency/organization</u>	<u>Address</u>	<u>Phone</u>	
10. Please list three (personal or work-related) references. <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>Name</u></td> <td style="width: 33%;"><u>Address</u></td> <td style="width: 33%;"><u>Phone</u></td> </tr> </table>	<u>Name</u>	<u>Address</u>	<u>Phone</u>
<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?			

Signature _____ Date _____

Please feel free to attach any information that you feel pertinent. If you have any questions or concerns, please contact Tina Gehrig at gehrigt@co.thurston.wa.us or 360-867-2509.

Please return this completed application to:
Tina Gehrig, Thurston-Mason BHO
412 Lilly Road NE, Olympia, WA 98506
gehrigt@co.thurston.wa.us