

WALLA WALLA COUNTY
APPLICATION FOR HUMAN SERVICES ADVISORY BOARD APPOINTMENT

To be completed by Applicant:

Name: _____

Address: _____

(Must Reside in Walla Walla County)

Telephone: (Home) _____

(Work) _____

(Cell) _____

(e-mail) _____

Efforts will be made to seat mental health consumers, developmentally disabled consumers and chemically dependent consumers in recovery, as well as other interested persons. Briefly describe your interest in participating in the combined Human Services Advisory Board. Include any special area of interest, i.e., Developmental Disabilities, Chemical Dependency, Mental Health:

Membership in Community/Professional Organizations: _____

Special Skills: _____

Will you need accommodation due to a disability? Yes No

Please provide a brief description of the accommodation requested:

Previous Employment or Volunteer Experience: _____

Present Occupation and Employer: _____

Education (High School/College, location, degree): _____

Voluntary Information (to assure broad representation of the community):

Race/Ethnicity: _____ Sex: _____ Date of Birth: _____

Signature

Date

PLEASE RETURN TO: Walla Walla County Commissioners' Office, Public Health and Legislative Building, 314 West Main/P.O. Box 1506, Walla Walla, WA 99362, or email to wwcocommissioners@co.walla-walla.wa.us, or Department of Community Health, 314 West Main, Rose Street Entrance/P.O. Box 1753, Walla Walla WA 99362.

APPLICATION DEADLINE: Friday, May 26, 2017