GOVERNING BOARD



Kevin Shutty, Commissioner Mason County District Two Tye Menser, Commissioner Thurston County District Three Gary Edwards, Commissioner Thurston County District Two

Mailing Address: City: Zip: Work/Cell: Email: Work/Cell:						
Mailing Address: City: 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 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	I am seeking appointme	nt to the Thurston-N	Лason Behavioral Hea	alth Organization	(TMBHO) Advisory Boar	d:
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	were involved in.					

7. What is your current occupation?						
-						
8. Please indicate place of <u>current</u> emp	oyment, if any, below:					
Agency/organization	<u>Address</u>	<u>Phone</u>				
9. Please list past occupation(s) and place(s) of employment:						
Agency/organization	Address	<u>Phone</u>				
10. Please list three (personal or work-related) references.						
<u>Name</u>	<u>Address</u>	<u>Phone</u>				
	will require your attendance at regularly sch					
remotely, once a month. Members a to commit?	are appointed for a three (3) year term. How	w 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.						
Signaturo		Date				
Signature		Date				

Please return this completed application to:

Molly McIver
Thurston-Mason Behavioral Health Administrative Service Organization
Email: molly.mciver@tmbho.org
Phone: 360-763-5828

If you have any questions or concerns, please contact Molly McIver at molly.mciver@tmbho.org