



**APPLICATION FOR APPOINTMENT TO THE GREATER COLUMBIA BEHAVIORAL HEALTH
REGIONAL ADVISORY BOARD**

Please complete the following application for consideration for appointment to the Greater Columbia Behavioral Health (GCBH) Regional Advisory Board. Return to GCBH, 101 N. Edison Street, Kennewick, WA 99336, attention Lynn Moate. For questions please contact Lynn Moate at 509-735-8681 or lynnm@gcbh.org

Date: _____ Name: _____

Occupation (if retired, please indicate former occupation):

Home Address: _____

Email Address: _____

Telephone: Home _____ Business _____

Professional/Community Activities:

Have you ever had involvement with persons who have mental illness: ____ Yes ____ No
If yes, what has been your personal and or professional involvement?

How did you learn of this opportunity?

Describe why you are interested in serving on the GCBH Regional Advisory Board:

Please list two (2) personal and/or professional references:

Name/Address	Telephone Number	Personal or Professional Reference
1. _____	_____	_____
2. _____	_____	_____

Signature: _____ Date: _____