

# Sonoma County Advisory Board on Alcohol and Drug Problems

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## APPLICATION FOR APPOINTMENT

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

How long have you lived in Sonoma County? \_\_\_\_\_ Occupation: \_\_\_\_\_

Why do you want to be on this Advisory Board?

Describe your educational background, including any relevant training.

Describe any previous experience you may have had in serving on a public body or commission.

**Please note: It is important to understand that application for appointment to this Advisory Board assumes that you are willing to make the commitment to attend all scheduled meetings.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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Please submit completed application to:

Derrick West  
Behavioral Health  
1430 Neotomas Avenue  
Santa Rosa, CA 95404  
(707) 565-7450

or

Kelly Elder  
Public Health, Healthy Communities  
490 Mendocino Avenue, Ste 202  
Santa Rosa, CA 95401  
(707) 565-6622

(If additional space is needed, please use the reverse side)