



# *Alcohol and Drug Advisory Board*

For MARIPOSA COUNTY

Post Office Box 99

Mariposa, California 95338

(209) 966-2000

## **APPLICATION FOR THE MARIPOSA COUNTY ALCOHOL AND DRUG ADVISORY BOARD**

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

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

Mailing Address (if different) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor District \_\_\_\_\_

Please indicate highest level of education: \_\_\_\_\_

Relevant Experience (community organizations, projects, etc) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Social, Fraternal or Professional Organizations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in becoming a member of this board?

\_\_\_\_\_  
\_\_\_\_\_

Have you attended a meeting of the Mariposa County Alcohol and Drug Advisory Board?

\_\_\_\_\_  
\_\_\_\_\_

Have you been involved in any other Mental Health or Alcohol & Drug Activities? \_\_\_\_\_

If so, what \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OPTIONAL:** By law, the Alcohol & Drug Advisory Board must have some members who have had or whose families have had experiences in receiving counseling, guidance or therapy from an alcohol or drug program. Therefore, we ask you to answer the following questions:

Have you been the recipient of alcohol or drug services? \_\_\_\_\_

Has a member of your family received alcohol or drug services? \_\_\_\_\_

If yes what is the relationship of the person to you? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application can be mailed to Mariposa County Human Services, Alcohol and Drug Advisory Board, Attention: Donna Shimer at Post Office Box 99, Mariposa, CA 95338. It may also be dropped off at 5362 Lemee Lane. If you have any questions, please call Donna Shimer, Office Assistant II at (209) 966-2000.