



California Council of Community Behavioral Health Agencies Committee Volunteer Application Form

Name_____

Address_____

Work Number_____ E-mail _____

Employment/Position_____

Education_____

Assistant Name_____

Phone Number_____ Email _____

Previous experience (if any) with **(name or org)**

Please check any of the following behavioral health expertise that the candidate possesses.

- | | |
|--|--|
| <input type="checkbox"/> Substance Abuse Disorders | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Children | <input type="checkbox"/> TAY |
| <input type="checkbox"/> Adult | <input type="checkbox"/> Older Adult |
| <input type="checkbox"/> Medicare/Medicaid Billing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | |

Please check any of the following skills or experience that the candidate possesses.

- | | |
|---|--|
| <input type="checkbox"/> Finance, accounting | <input type="checkbox"/> Management, administration |
| <input type="checkbox"/> Grant writing | <input type="checkbox"/> Nonprofit experience |
| <input type="checkbox"/> Fundraising and special events | <input type="checkbox"/> Teaching experience, curriculum development |
| <input type="checkbox"/> Public relations, communications | <input type="checkbox"/> Contacts, networking |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Affiliations or organizations the candidate belongs to (e.g., membership, professional, civic).

Volunteer's Statement of Support:

Volunteer's Statement of Interest:

Thank you for your application!