

Thurston/Mason Chemical Dependency Action Committee Application

I am seeking appointment to the Thurston/Mason Chemical Dependency Action Committee:

Name: _____

Mailing Address: _____

City: _____ Zip: _____

Phone ~ (Home): _____ Phone ~ (Work): _____

Fax: _____ Email: _____

A Washington State Patrol (WSP) Identification and Criminal History check will be required prior to your appointment to this Committee. Therefore the following information is required. Please also complete the attached Applicant Disclosure Form; sign and return with your application.

Race:

- | | |
|---|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> American Indian & Alaskan Native | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hispanic/Latino | |

Date of Birth: _____ **Sex:** Male Female

In Recovery: Yes No (This question is voluntary)

1. Briefly describe why you would like to serve on this Committee.

2. Are you available for:

Day meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evening meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. What knowledge and skills would you bring to the Committee?

4. List current activities and/or volunteer work that you are involved in.

5. List past (within five years) activities and/or volunteer work that you were involved in.

6. List current boards/committees that you are involved with.

7. List past (within five years) current boards/committees that you are involved with.

8. List your educational background.

9. Please indicate your level of knowledge/experience. 0=no expertise; 5=expert

	0	1	2	3	4	5
Chemical Dependency Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. What is your current occupation?

11. Current employer, if any.

12. List *past* (within five years) occupation(s) & place(s) of employment.

13. List three (3) personal and/or professional references.

Name Phone/Email

Name Phone/Email

Name Phone/Email

Other Comments.

Appointment to this Committee will require your attendance at scheduled meetings specific to a project. Members are appointed for a three (3) year term.

Signature_____ Date_____

Please feel free to attach any information you feel pertinent. Call (360) 867-2509 if you have any questions.

Please return this completed form to:

**Tina Gehrig
Thurston County Public Health & Social Services
412 Lilly Road NE
Olympia, WA 98506**

Please remember to complete, sign, and return the attached Applicant Disclosure Form as well.