

## Marion County Health Department Health Advisory Board, Supplemental Application

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

1. In which part of Marion County do you live?

- Canyon town \_\_\_\_\_       North Marion County town \_\_\_\_\_  
 Salem/Keizer       South Marion County town \_\_\_\_\_  
 Other \_\_\_\_\_

2. I currently work or have worked in the following fields. Please select all that apply.

	Current	Past	Was this in Marion County?	Comments
Mental health care	<input type="checkbox"/>	<input type="checkbox"/>	Y N	_____
Physical health care	<input type="checkbox"/>	<input type="checkbox"/>	Y N	_____
Services to persons with Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	Y N	_____
Dental health care	<input type="checkbox"/>	<input type="checkbox"/>	Y N	_____
Alcohol & Drug treatment	<input type="checkbox"/>	<input type="checkbox"/>	Y N	_____
Public health services	<input type="checkbox"/>	<input type="checkbox"/>	Y N	_____
Education K-12	<input type="checkbox"/>	<input type="checkbox"/>	Y N	_____
Post secondary	<input type="checkbox"/>	<input type="checkbox"/>	Y N	_____

3. I am a member of and have and have an interest in representing the following group(s)  
(Check all that apply) :

- Senior (age 65+)       Students (16-22 yrs)  
 User of mental health services  
(self or family)       User of public health services  
(self or family)  
 Persons with disabilities  
(self or family)       Racial or ethnic Group  
 Please list group \_\_\_\_\_  
 Other \_\_\_\_\_

4. How did you learn about the Health Advisory Board vacancy?

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5. Is your primary interest in issues of     Public Health     Mental Health (choose one)