



**REGION 3 BEHAVIORAL HEALTH BOARD**  
**INFORMATION AND INTEREST IN VOLUNTEERING**

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

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Current Employer/Agency: \_\_\_\_\_

Occupation/Licensure: \_\_\_\_\_

What types of volunteer work are you interested in (please check all that apply):

- Being on the Region 3 Behavioral Health Board Membership.
- Volunteering on a subcommittee
- Volunteering with the Partnership for Success Grant
- Please add me to your email distribution list.

How did you hear about the Region 3 Behavioral Health Board:

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

Please submit completed volunteer forms to: [BHB@phd3.idaho.gov](mailto:BHB@phd3.idaho.gov)