



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: mmezo@trhs.org