



Treatment Sales Tax Advisory Committee (Behavioral Health Fund) Application (Continuous)

Related materials: [Overview of Treatment Sales Tax](#) and [TST Advisory Committee](#)

Name: _____

Mailing Address: _____
Address City State Zip Code

Cell Phone: _____ Email: _____

Primary Area of Employment: _____

1. Please check the following boxes to certify that you:

- | | |
|--|---|
| <input type="checkbox"/> Are a resident of Thurston County | <input type="checkbox"/> Have no current or recent (within 1 year) interest (personally or via immediate family member) in any organization receiving Treatment Sales Tax funds |
| <input type="checkbox"/> Can commit time (approx. 2-4 hours/ month for 3 years) to serve on this committee | |

2. Why are you applying to serve as a member of the Treatment Sales Tax Advisory Committee?

3. Describe your awareness, experience, qualifications, and/or skills in the following areas:

- Treatment and services for adults and/or youth with mental health and substance use disorders

- The adult and/or juvenile criminal legal systems (law enforcement, courts, corrections, etc.)

- Use of data to review program performance and/or performance-based budgeting



THURSTON COUNTY PUBLIC HEALTH
AND SOCIAL SERVICES DEPARTMENT
www.thurstoncountywa.gov/tst-advisory-committee

4. BIPOC, people living with disabilities, LGBTQAI+ individuals, immigrants & refugees, individuals experiencing homelessness, military veterans, individuals impacted by the justice system and other marginalized populations are among those likely to access services funded by TST.

If you identify with a historically marginalized or underrepresented community, describe how this lens would contribute to the TST Advisory Committee or your experience addressing the needs of marginalized populations.

5. With what community organizations do you currently volunteer, or have volunteered in the past 3-5 years?

Signature: _____

Date: _____

Please return completed application
form to:

TST@co.thurston.wa.us



(OPTIONAL) Demographic Information

***Note: listed information may be subject to public disclosure**

Personal Information

Thurston County is committed to inclusiveness and outreach to all Thurston County residents to ensure that Thurston County boards and commissions are reflective of the community we serve. Providing information in the section below is voluntary but will assist in achieving this goal.

a. How do you identify?

Race/Ethnicity:	
Gender:	
Orientation:	
Personal Pronoun: (he/him; she/her; they/them, etc.)	

b. Do you have a disability as defined by the Americans with Disabilities Act? (Please type an "X" in the boxes that apply to you)

Yes ☐ No ☐

c. Generation Range (Please type an "X" to the right of the age range that applies to you):

30 or younger	<input type="checkbox"/>	31-41	<input type="checkbox"/>	42-52	<input type="checkbox"/>	53-63	<input type="checkbox"/>	64-74	<input type="checkbox"/>	75 or older	<input type="checkbox"/>
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