



## APPLICATION FOR ADVISORY BOARD

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

County of Residence or Employment: \_\_\_\_\_

Categories (check all that apply):

Representative from behavioral health providers \_\_\_\_\_

Representative from health care provider \_\_\_\_\_

Recovery/treatment expert \_\_\_\_\_

Other County or City representative (permanent or rotating) \_\_\_\_\_

Attorney General's Office \_\_\_\_\_

Community representative, preferably those with lived experience with the opioid crisis \_\_\_\_\_

Harm reduction expert \_\_\_\_\_

Municipal, County or other Judicial representative from within the region (permanent or rotating) \_\_\_\_\_

**Please attach this Application and a Resume for consideration to: [opioidhelpco@gmail.com](mailto:opioidhelpco@gmail.com)**