



Athens-Hocking-Vinton Alcohol, Drug Addiction & Mental Health Services Board

If you are interested in becoming a volunteer member of our Board, please complete this form.
Please be sure to select your preferred method of contact.

Name:		Date:
Address		
County of Residence: <input type="checkbox"/> Athens <input type="checkbox"/> Hocking <input type="checkbox"/> Vinton		
Preferred <input type="checkbox"/> Home Phone:	Preferred <input type="checkbox"/> Work Phone:	Preferred <input type="checkbox"/> E-mail:
<p>Our board members are appointed by the Ohio Department of Mental Health and Addiction Services and the Athens, Hocking, and Vinton Counties Commissioners.</p> <p>Please check the member category you are interested in. You may check all that apply:</p> <ul style="list-style-type: none"><input type="checkbox"/> Mental Health or Addiction Professional<input type="checkbox"/> In recovery from a mental illness or addiction<input type="checkbox"/> Family member of person with mental illness and/or substance use<input type="checkbox"/> Advocate for mental health and/or addiction services		
<p>Please email this form to Diane Pfaff, Executive Director , fax or mail to:</p> <p>Diane Pfaff, Executive Director P.O. Box 130 Athens, OH 45701 Phone: 740-593-3177 Fax: 740-592-1996</p> <p>Ms. Pfaff will contact you to discuss your options for becoming a board member.</p>		