

SAN BENITO COUNTY
BOARDS AND COMMISSIONS

MEMBERSHIP APPLICATION

I hereby express an interest in being nominated for membership on the following committee: (Please Print)

Board/Commission: Behavior Health Board

Name: Emanuel Gonzalez

Phone: [REDACTED] E-mail: [REDACTED]

Fax: [REDACTED]

Mailing Address: [REDACTED]

Street Address: [REDACTED]

City: Hollister Zip: 95023

Length of Residency: 9 years

Supervisor District: _____

Education: highschool graduate, gavilan college student

Affiliations: San Benito county Behavioral health department,
San Benito LGBTQ+ center.

Reason(s) for Seeking Appointment: to Advocate for youth center and share updates
at monthly meetings.

Date: 1/18/19 Signature: [Handwritten Signature]

Return completed form to : SAN BENITO COUNTY
Attention: Clerk of the Board
481 Fourth Street
Hollister, CA 95023

Any questions, please call: (831) 636-4000