Profile			
Tim	Bosma		
First Name	Last Name		
Full/Legal Name (i	f different than name prov	vided above)	
Timothy John Bosma			
Email Address			
Primary Phone	Alternate Phone		
Street Address		Suite or Apt	
City		State	Postal Code
Mailing Address (i	f different than Street/Phy	/sical address)	
_			
Are you currently	registered to vote at the S	Street Address you p	rovided?
⊙ Yes ⊃ No			
Alternate Docume	ered "No" to the previous on the Proving Mendocino County, your application will not be a second contract.	<u>inty Residency</u> or <u>a R</u>	
Upload Alternate Proof of Residence for Residency Waiver	y or Request		
Which Boards wou	ıld you like to apply for?		
Behavioral Health Adv	visory Board: Eligible		
Which position, se	at, or representational ca	tegory would you pro	efer?
board member			
Availability to Atte	end Meetings		
Ø Other (Please Special)	cify Below)		
Availability to Atte	end Meetings (Other)		
open for meetings, ne	eed advanced notice		

Submit Date: Feb 18, 2025

Tim Bosma

Interests & Experiences

Special Expertise, Experience, or Interest in This Area?

We have had mental health crisis in our place of business as well as at home. This has offered me insight in the need for local mental health facilities in our area.

Jpload a Resume	
Jpload Additional Supporting Documents	
Upload Additional Supporting Documents	
Inland Additional Cupporting Documents	

Certification

Please read the following statements and indicate your acceptance thereof.

I hereby certify that I am a resident in the State of California, County of Mendocino and am at least 18 years of age. I am not imprisoned or on parole for the conviction of a felony. I certify under penalty of perjury, under the laws of the State of California, that the information on this application is true and correct. I understand that assuming this public responsibility could result in public knowledge of my background and/or qualifications, including financial interests. Applications will be kept on file for one year.

☑ I Agree *