



**APPLICATION FOR APPOINTMENT TO COUNTY
 BOARD, COMMISSION OR COMMITTEE**

Please fill out each section that applies to you as completely as possible. Additional information may be required for some boards, commissions and committees.

Name of Board, Commission or Committee applying for:
Mental Health Commissioner District 4
For appointment to some boards and commissions, there is a requirement of property ownership within the subject area. If this requirement applies to your application, please indicate if you meet this requirement. <input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Information:		
Your Name: First: Akin	Last: Merino	Middle Initial:
Home Address: 34248 Forest Oaks Drive	City: Yucaipa	Zip: 92399
Mailing Address:	City:	Zip:
Home Phone: (909) 570 - 9591	Alternate Phone No.: (909) 913 - 3727	
Email Address: akin4read@msn.com		

Citizenship/Supervisorial District Information:	
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, country of citizenship: _____
Are you a registered voter? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, county where you are registered: San Bernardino
Check the supervisorial district in which you reside: 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input checked="" type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/>	

Occupation:	
Occupation/Title: Department Chair of Graduate Counseling Psychology Programs	
Name of Employer: Argosy University	
Address: 3401 Centrelake Drive,	City: Ontario
State: CA	Zip: 92399 Business Phone #: (909) 472 - 0653

Community and Civic Interests/Activities:
Actively participate, promote or lead the following: Youth and Women Programs including but not limited to Mental Health women network, Leadership Consortium ; Youth empowerment programs; children of Abuse; Operation Purity; teenage pregnancy Initiatives; education programs, women encounter; Workshop and Paper Presentations at several Mental Health, High Schools and College Conferences. I am also interested in refugee programs and Faith based Initiatives.

Summarize qualifications for appointment (i.e., education, experience, licenses, etc.)
PhD in Psychology - Specialist in Family Psychology Pastor Oversee the Mental Health Programs in department (Department Chair) Center of Refuge (COR) Counseling Services (Executive Director)

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Explain why you would like to serve on this board, commission or committee:

To promote mental health initiatives within the community and ensure that everyone has access to the resources. It is important to lend a voice (advocate) for mental wellness and improve delivery of services within our communities.

- Please be advised that members of San Bernardino County boards, commissions and committees:**
- May be required to take an Oath of Office.
 - Must comply with the County's Ethics Ordinance.
 - Must participate in State-mandated ethics training.
 - May be required to disclose financial interests.

I hereby certify that all statements in this application are true and complete to the best of my knowledge. I further certify that if I am appointed, I will serve fairly, impartially, and to the best of my ability.

Signature: *Alvin Merino* Date: 4/1/11

Please submit completed form to:
 Clerk of the Board of Supervisors
 385 North Arrowhead Avenue, 2nd Floor
 San Bernardino, CA 92415-0130

County Use Only – Do Not Write Below This Line

Clerk of the Board of Supervisors

Date Received: _____ Received By: _____ Date Referred to BOS: _____ BOS District: _____
Deputy Clerk of the Board of Supervisors

Board of Supervisors

Received By: _____ Interviewed By: _____ Interview Date: _____
 Recommend to Appoint: Yes No Chief of Staff: _____ Date: _____
COS Signature

Comments:

