

**AMADOR COUNTY BOARD OF SUPERVISORS**  
COUNTY ADMINISTRATION CENTER \*810 COURT STREET \* JACKSON, CA \* 95642  
(209) 223-6470

**COMMITTEE MEMBER APPLICATION FORM**

Date 3-5-22

Please consider me for the following committee:

Amador County Mental Health Advisory Board

NAME:

Jolie Chain, M.P.H.

Mailing Address:

125 Amelia St. Sutter Creek, CA 95685

Physical Address:

125 Amelia St. Sutter Creek, CA 95685

Business Address:

Telephone - Home:

(209) ~~754~~ 2675708

Work:

(310) 741-7774 mob.

Please state briefly your qualifications and why you are interested in serving on this committee (use additional sheet of paper, if necessary):

I would like to serve on the Amador County Advisory MH Board. I have been attending meetings of the ACMHAB since 2015, on a regular basis. I have also been working as a mental health provider for the last 8 yrs, 7 of which have been in Amador county. I'm very interested in improving mental health delivery in Amador county and know that the advisory board plays an important role in making certain that the community is engaged in MH decisions and quality of care. I have continued to work directly with ~~CMH~~ <sup>CMH CLTS</sup> throughout the COVID pandemic and am especially concerned with the rise of MH issues due to social isolation. (see page 2)

Signature

Jolie Chain, M.P.H.

\*Please be aware this completed form may be released to any member of the public or media upon request.

-FOR CLERKS USE ONLY-

Application Accepted

Application Rejected

Date Appointed \_\_\_\_\_

Committee Number \_\_\_\_\_

Term Expires \_\_\_\_\_

Supervisory District \_\_\_\_\_

COMMITTEE MEMBER APPLICATION FORM

Date 3-5-22

Please consider me for the following committee:

Amador County Mental Health Advisory Board

NAME: Jolie Chain, MPH

Mailing Address: 125 Amelia St., Sutter Creek, CA 95685

Physical Address: 125 Amelia St., Sutter Creek, CA 95685

Business Address:

Telephone - Home: (209) 267 5708

Work: mobile 310 741 7774

Please state briefly your qualifications and why you are interested in serving on this committee (use additional sheet of paper, if necessary):

My experience has been community based and also includes providing MH crisis services in a hospital emergency dept.

I have a <sup>masters</sup> degree in Public Health - Community Services and Policy (Master of Public Health) from the University of California Los Angeles (UCLA), where I also received a B.A. cum laude. I attended graduate school at UCLA for 3 years and did post graduate work ~~at~~ as a Fellow for The Inter American Development Bank (A branch of the World bank). I spent time working in rural areas and also for corporate health care delivery entities. I'm fluent in 4 languages, also (Spanish, Portuguese & Italian) English is my first language)

Signature Jolie Chain, MPH

\*Please be aware this completed form may be released to any member of the public or media upon request.

-FOR CLERKS USE ONLY-

Application Accepted

Application Rejected

Date Appointed \_\_\_\_\_

Committee Number \_\_\_\_\_

Term Expires \_\_\_\_\_

Supervisorial District \_\_\_\_\_