



Mental Health First Aid
San Mateo County Behavioral Health and Recovery Services
July 24th, July 31st, August 7th, AND August 14th, 2013
5:30 pm- 9:00 pm
Westside Church of Christ
603 Monte Diablo Ave, San Mateo, CA 94401



Application

Thank you for your interest in the Mental Health First Aid course. Please take a moment to fill-out the following about yourself.

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ E-mail: _____

Gender: Male Female Transgender Intersex Other: _____

Race/Ethnicity: _____ Age: _____

Primary language spoken at home: _____

Organization (if applicable): _____

Why are you interested in taking this course? _____

To help us improve our mental health outreach, please answer the following optional questions. Your responses will be **confidential**.

1. Do you and/or a family member have lived experience of mental health or substance use issues?
 Yes No Not sure

2. Do you know anyone who has experienced being emotionally distressed?
 Yes No Not sure

3. Do you know anyone who has attempted or committed suicide?
 Yes No Not sure

4. Do you know anyone who has sought professional help for their emotional problem or distress (e.g., counseling, therapy)?
 Yes No Not sure

Please send your application to Kathy Reyes at ekreyes@smcgov.org or fax to 650-573-2841 by July 18th, 2013.