

Jennifer Indula-Allen

Behavioral Health Commission Application

District: 2

Initialed Application: **Yes** ☒

Applicant

First Name: **Jennifer**

Middle Initial:

Last Name: **Indula-Allen**

Ethnicity: **Black or African American**

Gender: **Female**

Employment

Occupation: **LCSW**

Job Title: **Medical Social Worker**

Employer: **Community Hospital**

Interests and Experiences

Currently serving on a County of Monterey Board, Commission, Committee or other Community Advisory Group? **No**

Has served on an advisory group before? **No**

Able to attend meetings regularly and devote the time necessary to fulfill duties as a member? **Yes** ☒

Please tell us about yourself and why you want serve:

I am a LCSW at community Hospital. I have been a Social Worker for over 30 years. I have experienced in Child Welfare, Substance Abuse, Hospice, Medical and Oncology. I am interested in serving on the commission to be advocate for change in the Mental Health community.

Please state the reason you would like to be a member of this board committee/commission/district:

I would like to be on the board to serve as advocate for change in the Mental Health community.

How did you hear about the position?:

Community outreach event