## Application for Appointment/Reappointment (circle one) to the Los Alamos County DWI Planning Council

| Name: <u>Brandi Seekins</u> | Telephone: |
|-----------------------------|------------|
| E-mail:                     |            |

Occupation: LAPS Prevention Support Specialist

I would appreciate being recommended by the Los Alamos DWI Planning Council for appointment by the Los Alamos County Council for membership to the DWI Council.

Why do you want to be appointed to the DWI Planning Council?

<u>Serving as a member of this committee aligns with my role as Prevention Support</u> Specialist for the public schools and would fulfill a DWI-PC funding requirement.

What knowledge and experience do you bring to this position?

I hold a Masters in Social Work and have extensive experience working with child protective services, the foster care system, and in partnership with schools. I work to support students, school staff, parents, and community members with evidence-based prevention strategies. I am recently trained in the Alcohol Literacy Challenge program which is designed to change students' beliefs about the effects of alcohol and reduce the quantity and frequency of alcohol use. This program is listed in SAMHSA's National Registry of Evidence-Based Programs & Practices.

What do you think are the best things presently being done to reduce drunk driving?

<u>Awareness campaigns and the safe ride program.</u>

Do you have any suggestions for what could be done to further reduce drunk driving?

It is important to include education that provides an understanding of the factors that increase the risk behaviors that lead to drunk driving. In addition, I would recommend increasing publicity about the availability of safe rides.

Which constituencies could you represent? (Circle all that apply)

1. Local Media 2. EMS 3. Schools 4. Community Substance Abuse Treatment

5. Public Health 6. Law Enforcement 7. Courts/judicial 8. Community Traffic Safety 9.

Prosecutor/legal 10. Elected County Official 11. Independent Behavioral Health

Service Professional 12. Business Community 13. Concerned Citizen 14. Other

Please return this completed form to <u>kirsten.bell@lacnm.us</u>, or mail Kirsten Bell, 1000 Central Avenue, Suite 310; Los Alamos, NM 87544