

## 1908 O Street, Sacramento, CA 95811 Phone 916-366-4600 • Fax 916-855-5448 www.mhanca.org

President of the Board – Gaylon Palmer, MSW • Executive Director - Susan Gallagher

## **BOARD MEMBER APPLICATION**

Name:		NC 11	-		
Last	First	Middl	le		
Mailing					
Address:					
No.	Street	City	Postal Code		
Permanent					
Address:		Email:			
(If Different from Above)					
Telephone:		_ DOB:			
Where did you hear about Board opp	portunities with MHANC? _				
Do you have experience working wi	ith hoards?	Ye	es 🗆 No 🗖		
If so, when and where?	.ui ooarus :		28 🗀 110 🗀		
Why would you be interested in because					
REAS OF INTEREST	st you would like to voluntee	er and be a part of: ADVOCACY			
REAS OF INTEREST ase indicate any other areas of interes	st you would like to voluntee	er and be a part of:			
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EMPLOYMENT HISTORY				
Company	Job Title	Duties	<b>Dates of Employment</b>	
Volunteer and Other Experience:				

EDUCATION AND TRAINING					
Name & location of institution	Number of years completed	Field of Study	Grade/Diploma/Degree & year completed		
Professional Qualifications/Memberships/Licenses if applicable:					



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SF	PECIALIZED SKILLS
	imes, M.H.A. has a need to find people with special skills. Please let us know about any special skills or experiences you have may be beneficial in helping us to utilize your strengths
A.	ARTS/GRAPHICS:
В.	CLERICAL:
C.	COMPUTER/TYPING:
D.	CRAFTS:
Е.	FINANCE:
F.	MANAGEMENT:
G.	PUBLIC SPEAKING:
Н.	LANGUAGE SKILLS: Spoken: Written:
I.	Writing
J.	OTHER

RI	REFERENCES						
List	List three persons, other than relatives or personal friends, who can judge your work ability.						
	NAME	RELATIONSHIP	TELEPHONE	EMAIL			
1.							
2.	2						
3.							