

BOARD MEMBER APPLICATION

PERSONAL DATA

Name: _____
Last First Middle

Mailing Address: _____
No. Street City Postal Code

Permanent Address: _____ Email: _____
(If Different from Above)

Telephone: _____ DOB: _____

Where did you hear about Board opportunities with MHANC? _____

Do you have experience working with boards? Yes ☐ No ☐
If so, when and where?

Why would you be interested in becoming a board member for M.H.A.?

AREAS OF INTEREST

Please indicate any other areas of interest you would like to volunteer and be a part of:

SENIOR SERVICES PROGRAM

☐ Senior Peer Counseling

FAMILY/YOUTH ADVOCACY

☐ Youth Program

☐ SAFE Program

(Family/Youth Advocacy)

MENTAL HEALTH MATTERS

☐ M.H. Matters TV Show

OFFICE VOLUNTEERING

☐ Clerical

☐ Receptionist

☐ Computers/Typing

ADULT ADVOCACY

☐ Speaker's Bureau/Administrative

☐ Speaker's Bureau/Speaker

☐ Depression Programs/Seminars

☐ Health Fairs

☐ Information & Referral

☐ Public Affairs

☐ Self-Help Facilitation

SELF HELP PROGRAMS

☐ Self Help Directory

ADMINISTRATIVE

☐ Fund Raising

☐ Membership

☐ Bellringer

EMPLOYMENT HISTORY

Company	Job Title	Duties	Dates of Employment

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:

SPECIALIZED SKILLS

At times, M.H.A. has a need to find people with special skills. Please let us know about any special skills or experiences you have that may be beneficial in helping us to utilize your strengths

A. ARTS/GRAPHICS:

B. CLERICAL:

C. COMPUTER/TYPING:

D. CRAFTS:

E. FINANCE:

F. MANAGEMENT:

G. PUBLIC SPEAKING:

H. LANGUAGE SKILLS: Spoken: _____ Written: _____

I. WRITING

J. OTHER

REFERENCES

List three persons, other than relatives or personal friends, who can judge your work ability.

	NAME	RELATIONSHIP	TELEPHONE	EMAIL
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____