



MHA Office, 915 N. 7th Street, Sheboygan WI, 53081
Open Door Site, 817 N. 8th Street, Sheboygan WI 53081
www.mhasheboygan.org
info@mhasheboygan.org
(P) 920-458-3951
(F) 920-458-3441

MHA BOARD MEMBER APPLICATION

PERSONAL

Name:

Date of birth:

Spouse's Name:

Children?:

Address:

Home Phone:

Cell Phone:

Preferred Email for MHA Communications:

EMPLOYMENT & EDUCATION INFORMATION

Employer:

Position:

Address:

Work Phone:

May you be called at work? YES NO

Education/Degree(s):

Employment background/position/professional skills:

ORGANIZATIONS, CIVIC CLUBS, OTHER BOARDS?

With what social clubs, fraternal, or professional organizations do you have membership too?

Are you a member of any other boards?

What hobbies or special skills do you possess?



MHA Office, 915 N. 7th Street, Sheboygan WI, 53081
Open Door Site, 817 N. 8th Street, Sheboygan WI 53081
www.mhasheboygan.org
info@mhasheboygan.org
(P) 920-458-3951
(F) 920-458-3441

MHA BOARD MEMBER APPLICATION

MHA

What committee are you most interested in participating on:
(Please find committee list description on MHA's Board Member Job Description)

- Personnel & Finance
- Outreach & Visibility
- Program Development & Advocacy
- There is Hope
- Not sure at this time

Are you, or have you ever been a volunteer with MHA?

How long?

What are your expectations as a board member?

Why are you considering becoming a board member? Please feel free to share if you have a personal story or reason for wanting to be a part of the board.

SIGNATURE

I'd like to help promote good mental health in Sheboygan County and beyond.
I pledge to contribute, to the best of my ability, to the success of **Mental Health America** in Sheboygan County.

Signature of applicant:

Date: