



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?



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What hobbies or special skills do you possess?

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 my community and beyond.
I pledge to contribute, to the best of my ability, to the success of Mental Health America Lakeshore



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Signature of applicant:

Date: