



Board of Directors Application

Due 3/24/23

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (DAY): _____ (EVENING): _____

(MOBILE): _____ Email: _____

Legislative District: _____ Highest Level of Education: _____

Employer: _____ Position: _____

Specific Mental Health and Leadership or Related Training: _____

Relationship to Individual(s) with Mental Illness:

Self Child Spouse/Partner Parent Sibling

Health Provider/Professional Concerned Citizen

Other Relationship _____

1. Why would you like to serve on the NAMI Chelan-Douglas Board of Directors?



2. **Is there a specific board role that you would like to be considered for? (Check all that apply):**

President Vice President Secretary Regional At Large

3. **What specific activities of the board do you have skills/experience with:** (NAMI is in particular need of the following: strategy development, volunteer management, program support, IT, communications/marketing/public relations, web design and maintenance, including social media, graphic design, financial management, public policy, fund development – specifically event planning, and legal)

4. **Have you served on a board in the past? If so, please list the organization, the length of time you served, and your contributions:**

5. **Please list your Professional or Community Affiliations** (e.g., fraternity, faith community, professional/business org., etc.)



- 6. All NAMI Chelan-Douglas Board Members agree to make NAMI Chelan-Douglas a priority in their charitable giving, which includes supporting all NAMI Chelan-Douglas fundraising events. Please share your comfort level asking for contributions and how you see yourself contributing to the organization's fundraising goals.**
-
-
-
-

- 7. If applicable, please describe any personal or professional experiences with the steps to recovery and empowerment of a person living with mental illness or other illness or disability.**
-
-
-
-
-

Statistics: (Optional): this will help us track the information needed for grants and audits - identifying data will not be released)

DOB ____/____/____ Sex: _____ Marital Status: _____ No. of Children: _____

Gender Identity: _____ Sexual Orientation: _____

Veteran: Yes No

Race/Ethnicity: African-American Caucasian Native American Latino/a /x

Asian/Pacific Islander Other _____

Emergency Information In case of emergency, contact: _____

Relationship: _____

Phone #: _____

Thank you for your interest in NAMI Chelan-Douglas
Return completed application to Summer Starr sstarr@namiwa.org by 3/24/23

