

Prelude Behavioral Services Application for Board of Directors

Name _____ Date _____

Home Phone _____ Cell _____ Business Phone _____

Email _____ FAX _____

Address _____ City _____ Zip _____

Preferred contact: Home phone Work phone Cell phone Email

Place of Employment _____ Title or occupation _____

Education, skills, and/or experience you would be willing to share as a board member:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Finance | <input type="checkbox"/> Mental health | <input type="checkbox"/> Advocacy/lobbying | <input type="checkbox"/> Fund development |
| <input type="checkbox"/> Public relations | <input type="checkbox"/> Medical/pharmacology | <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Event planning |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Medical billing | <input type="checkbox"/> Volunteer management | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Program evaluation | <input type="checkbox"/> Compliance | <input type="checkbox"/> Human resources | <input type="checkbox"/> Policy development |
| <input type="checkbox"/> Facilities planning | <input type="checkbox"/> IT/data management | <input type="checkbox"/> Education/instruction | <input type="checkbox"/> Programs and services |
| <input type="checkbox"/> Business/management | <input type="checkbox"/> Real estate | <input type="checkbox"/> Business development | <input type="checkbox"/> Other |

Please describe any other skills or experience that you would be interested in contributing as a board member:

Please describe your other community affiliations and/or community activities in which you are or have been involved:

Why are you interested in Prelude Behavioral Services?

Is there anything else you would like to share that might assist the board in considering your application?

Prelude Behavioral Services values a diverse board, including a mix of individuals who are in recovery themselves, have family members or loved ones in recovery, and individuals who are not in recovery. If you are comfortable sharing your recovery status, please feel free to do so in the space below. Thank you.

Availability to serve:

- Can you regularly attend board meetings (4th Thursday of the month, 5:30-7:00)? _____
- Are you willing and able to devote approximately 4 hours/month to board service? _____

Thank you for your interest in Prelude Behavioral Services.

For internal use only:

Date of interview _____

Interviewer(s) _____

Action taken _____