

## Application for Potential PLANCTX Board Members & Committees

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Referred by \_\_\_\_\_

PLANCTX member?  Current  Lapsed  No

Relevant Experience and/or Employment (may attach additional sheet): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interest in organization: \_\_\_\_\_

\_\_\_\_\_

Area(s) of expertise/area of contribution: \_\_\_\_\_

\_\_\_\_\_

Other volunteer commitments: \_\_\_\_\_

\_\_\_\_\_

### Please indicate your skills:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accounting/Bookkeeping                     | <input type="checkbox"/> Computer systems/<br>maintenance                                    | <input type="checkbox"/> Legal                             |
| <input type="checkbox"/> Computer Skills: Word<br>Processing        | <input type="checkbox"/> Fundraising   | <input type="checkbox"/> Marketing/advertising             |
| <input type="checkbox"/> Computer Skills: Excel                     | <input type="checkbox"/> Graphics  | <input type="checkbox"/> Planning                          |
| <input type="checkbox"/> Computer Skills: Quicken<br>for Nonprofits | <input type="checkbox"/> Grant Writing   | <input type="checkbox"/> Program Evaluation                |
| <input type="checkbox"/> Computer Skills: Database                  | <input type="checkbox"/> Interpretation/Translation<br>skills                                | <input type="checkbox"/> Program Management                |
| <input type="checkbox"/> Computer Skills: Other<br>(indicate) _____ | <input type="checkbox"/> Knowledge of Best<br>Practices in Mental Health<br>service delivery | <input type="checkbox"/> Public Speaking                   |
| _____   |  | <input type="checkbox"/> Policy Development                |
|   |  | <input type="checkbox"/> Program Specific<br>Skills: _____ |
|   |  | <input type="checkbox"/> Social Media                      |

Please attach brief bio (3 – 5 sentences) that we can share with the Board.

**Name:** \_\_\_\_\_

PLANCTX appreciates your interest, and your information will be considered confidential.

Does PLANCTX have your permission to conduct a background check?  Yes  No

Have you been convicted of a crime?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**NAME:** \_\_\_\_\_

For Nominating Committee Use:

Personal meeting with member of Nominating Committee. Date \_\_\_\_\_

Reviewed by Nominating Committee. Date \_\_\_\_\_

Attended a Board meeting. Date \_\_\_\_\_

Action taken by Nominating Committee: \_\_\_\_\_