



APPLICATION FOR BOARD MEMBERSHIP

Please EMAIL to nominations@namimass.org

Deadline is August 30, 2019

Name: _____

Address: _____

Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

Email: _____

Education/Work Experience – PLEASE ATTACH RESUME TO THIS APPLICATION

Please state why you would like to serve on the Board and how your skills or affiliations might contribute
PLEASE ATTACH MAXIMUM 500-WORD ESSAY TO ADDRESS THESE QUESTIONS

How did you learn of opening? _____

Please list your area(s) of expertise and ways you can impact the mission of NAMI:

Non-Profit Management _____

Diversity & Inclusion _____

Community Outreach _____

Fundraising _____

Corporate Access _____

Education _____

Experience Navigating Mental Health Systems _____

Anti-discrimination Work _____

Finance _____

Computer Systems _____

Government _____

Legal _____

Legislative/Political _____

Managed Care _____

Marketing/Public Relations _____

Medical _____

MH Professional _____

Faith Communities Access _____

Strategic Planning _____

Board Governance _____

Advocacy _____

Conflict Management _____

Other _____

Experience on other Boards:

Yes

No

If yes, what are they? _____

Experience with NAMI Programs or Events (if applicable):

Please list any community contacts/affiliations which might relate to your role as a Board Member:

Signature _____ **Date** _____