**Board Application Form**

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| First Name: Middle: Last Name: |
| Date of Birth: Social Security Number: |
| Address: |
| City, State, Zip: |
| Telephone: Cell: Email: |
| Current position/employer: |
| Relevant experience and/or employment (please attach resume): |
| Why would you like to serve on the MHA Board? |
|  |
| Please review and check all that apply: |
|  | Access and Relationships: |  | Area of Expertise: |  | Ethnic Background: |
|  | Political Leaders |  | Financial Management |  | Asian |
|  | Philanthropic Leaders |  | Healthcare |  | Caucasian |
|  | Business Leaders |  | Human Resources |  | Native American |
|  | Large Corporations |  | Legal |  | Hispanic/Latino |
|  | Other: |  | Planning |  | African American |
|  |  |  | Business |  | Other: |
|  | Age: |  | Faith-based |  |  |
|  | 65 and older |  | Public Sector |  |  |
|  | 51 – 65 |  | Philanthropic |  | Gender: |
|  | 36 – 50 |  | Marketing |  | Male |
|  | 18 – 35 |  | Other: |  | Female |
|  |  |  |  |  |  |
| How did you hear about the MHA Board? |
|  |
| What do you feel you could contribute to the MHA Board? |
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Please list other current or past Board involvement:

|  |  |  |
| --- | --- | --- |
| Name of Organization: | Position Held: | Years: |
|  |  |  |

Please list personal or professional references:

|  |  |
| --- | --- |
| Name: | Contact Number: |
|  |  |
|  |  |
|  |  |

Are you related to any of the current Board of Directors or staff of MHA?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a current user of MHA services? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please share a brief summary of your community and work experiences:

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By submitting this application, I agree and acknowledge that if selected as a Board of Directors member for the Mental Health America of Wisconsin, I will be committed to accomplish the organizations Mission, Vision and Strategic Plan.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return your application to:

MHA of Wisconsin

Attention: Martina Gollin-Graves, Pres/CEO
600 W. Virginia St., Suite 502

Milwaukee, WI 53204

Or by email to: martina@mhawisconsin.org