

Board Application

Personal Information:

1. Date: _____
2. Name: _____
3. Home Address: _____
4. City/State/Zip: _____
5. Home Phone: _____
6. Cell Phone: _____
7. Email: _____
8. How do you prefer to be contacted? home cell work email

Emergency Contact:

1. Name: _____
2. Address: _____
3. City/State/Zip: _____
4. Phone Number(s): _____

Professional Information:

1. Current Employer: _____
2. Position: _____
3. Address: _____
4. City/State/Zip: _____
5. Duties: _____

Volunteer Experience:

1. Organization: _____

2. Position _____

3. Duties/Time Frame:

1. Organization: _____

2. Position _____

3. Duties/Time Frame:

1. Organization: _____

2. Position _____

3. Duties/Time Frame:

Skills: Advocacy Public Policy/Legislation Development/Fundraising
 Management/Admin Legal Strategic Planning
 Accounting/CPA Financial/Investments Marketing/Public Relations
 Human Resources Mental Health Government Relations
 Public Education Higher Education Information Technology
 Public Speaking Other, please specify _____

NAMI Areas of Interest:

Board Development Fund Development
 NAMI Education Programs Support Programs
 Public Awareness Membership
 Other, please specify _____

Why are you interested in NAMI of Clackamas County? _____

Thank you for completing our application and for your interest in NAMI-Clackamas County. Please return the form via email to nami.clackamas@gmail or by mail to:

NAMI-Clackamas County
 10202 SE 32nd Ave., Ste. 501
 Milwaukie, OR 97222

For Board Use

Nominee has had a personal meeting with either chief executive, board chair, or other board member. Date _____
 Nominee reviewed by the committee. Date _____
 Nominee attended a board meeting. Date _____
 Nominee interviewed by the board. Date _____
 Action taken by the board _____
