

Membership Application

Maine Mental Health Connections

Board Of Directors



Name: _____

Address: _____

Contact Numbers: (home, work, and/or cell): _____

How did you learn about Maine Mental Health Connections?

Briefly explain any experience or expertise you may have that would be valuable to Maine Mental Health Connections:

List any other community service with which you have been involved:

Organization _____ Date Started _____ Stopped _____

Organization _____ Date Started _____ Stopped _____

Have you ever been a member of a Board of Directors? Yes No If yes, which Board(s)?

Briefly explain why you would like to become a member of our Board of Directors:

Would you be able to attend the following:

Monthly Board meetings (Usually 3rd Tuesday of month at 5:30pm) Yes No

Annual Board training (at least one time per year) Yes No

Committee meetings (vary from once a month to quarterly) Yes No

Briefly explain any experience you have had with the mental health field.

Are you related to, or live with, anyone who currently is employed by Maine Mental Health

Connections? Yes No

Work Experience:

Please include any comments or information you feel the Board should consider when evaluating your application (please feel free to write on the back).

References:

Name _____ Position _____ Phone No. _____

Name _____ Position _____ Phone No. _____

Name _____ Position _____ Phone No. _____

Signature of Applicant: _____ Date _____

This Section to be completed by Agency Board Only

Received Application _____ Board Review Date _____

Applicant Accepted Yes No Applicant Notified Yes No

Board Signature to verify action taken