



61 South Main Street, Suite 100
West Hartford, CT 06107

Board of Directors/Committee Member Candidate Application

Date _____

Name _____
First MI Last Familiar name

Residence

Address _____

City/State/Zip _____

Phone _____ E-mail _____

Employer

Name _____

Your title _____

Address _____

City/State/Zip _____

Phone _____ E-mail _____

Type of business or organization _____

Primary service(s) and area/population served _____

Preferred method of contact () Work () Residence

Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education/Training/Certificates

Skills and experience (Please circle all that apply)

- | | |
|----------------------------------|--------------------|
| Finance, accounting | Real Estate |
| Personnel, human resources | Healthcare |
| Administration, management | Special events |
| Nonprofit experience | Grant writing |
| Community service | Fundraising |
| Policy development | Outreach, advocacy |
| Program evaluation | Legal Issues |
| Public relations, communications | Other _____ |
| Education, instruction | Other _____ |
| Planning/Organizing | Other _____ |

Committee Preference (Please circle all that apply)

- | | | |
|------------|-----------------------|---------|
| Audit | Development/Marketing | Finance |
| Governance | Public Policy | |

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of **Mental Health Connecticut**.

How do you feel **Mental Health Connecticut** would benefit from your involvement on the Board/Committee?

How does the mission of MHC relate to your personal experience(s)?

Optional Information:

Birth date ____ / ____ **Gender** _____
Month / Day

Ethnicity (Please circle all that apply)

African American Asian Caucasian Latino Native American
Other _____

Spouse _____

Children _____

Have you received any awards or honors that you'd like to mention?

Please tell us anything else you'd like to share.

Thank you very much for applying

Please return this form with your current CV/Resume to:

Mental Health Connecticut
Attn: Mayra Novo
61 South Main Street, Suite 100
West Hartford, CT 06107
Fax: 860-529-6833 / Email: MNovo@mhconn.org