

<p>NAMI KANSAS Governing Board Member Application and Questionnaire Please complete entire form and submit to: Executive Director, 1801 SW Wanamaker Rd., G6, Topeka, KS 66604 Or email to Sherrie Vaughn at svaughn@namikansas.org</p>			
PERSONAL:			
First	MI	Last	Preferred Pronouns
Address			
Home Phone		Cell Phone	Email
Employer		Title	
Employer Address			
Type of business or organization			
Have you ever been convicted, pled guilty or pled no contest to a crime? (If yes, please explain)			
EXPERIENCE: Please list your past and present memberships on boards, committees, and organizations (business, civic, community, fraternal, political, professional, recreational, religious, and social).			
Organization	Role/Title	Date of Service	
Organization	Role/Title	Date of Service	
Organization	Role/Title	Date of Service	
Organization	Role/Title	Date of Service	
Organization	Role/Title	Date of Service	

Please share notable achievements in your service to above organizations:

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Please share any other volunteer experience:

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Please list your fundraising experience:

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Please provide a brief bio to be used on the ballot, if selected. (250 word limit) This may be attached.

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REFERENCES:		
Name	Relationship	Phone Number
Organization		Email
Name	Relationship	Phone Number
Organization		Email
Name	Relationship	Phone Number
Organization		Email
EDUCATION:		
Institution	Degree and Major	
Institution	Degree and Major	
QUESTIONNAIRE:		
Please share your past/current involvement with NAMI Kansas and its affiliates.		
Please share why you are interested in serving as a NAMI Kansas board member.		
Please share your relationship to a person with a mental health condition (Check all that apply).		
<input type="checkbox"/> Self	<input type="checkbox"/> Significant Other	<input type="checkbox"/> Parent
<input type="checkbox"/> Spouse	<input type="checkbox"/> Mental Health Provider/Pro	<input type="checkbox"/> Child
<input type="checkbox"/> Sibling	<input type="checkbox"/> Community Member	<input type="checkbox"/> Other

<p>NAMI Kansas is committed to inclusion of a diverse community. Are you able to serve with respect to supporting an individual's race, color, religion, sex, gender, national origin, disability, and age? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>Please share any conflicts of interest, current or potential, that NAMI Kansas should know. (Examples: Is your/family member's company a current vendor or potential future vendor for NAMI Kansas? Do you have a family member employed by NAMI Kansas? Do you have a family member currently serving on NAMI Kansas's Board of Directors?)</p>		
<p>Who recommended you for a NAMI Kansas board position?</p>		
<p>SKILLS: Please mark the skills and/or interest you bring to our board.</p>		
<input type="checkbox"/> Accounting	<input type="checkbox"/> Reading Financials	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Business Management	<input type="checkbox"/> Administration
<input type="checkbox"/> Law/Legal Issues	<input type="checkbox"/> Volunteer Development	<input type="checkbox"/> Human Resources
<input type="checkbox"/> Outreach/Advocacy	<input type="checkbox"/> Marketing/Social Media	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Strategic Planning	<input type="checkbox"/> Nonprofit Experience	<input type="checkbox"/> Event Planning
<input type="checkbox"/> Information Technology	<input type="checkbox"/> Leadership Development	<input type="checkbox"/> Web Design
<input type="checkbox"/> Campaign Planning	<input type="checkbox"/> Policy Development	<input type="checkbox"/> Education/Instruction
<input type="checkbox"/> Medical/Healthcare	<input type="checkbox"/> Program Evaluation	<input type="checkbox"/> Membership Growth
<p>Please share any other unique talents or skill sets you bring as a board member.</p>		