

**NAMI HANCOCK COUNTY**  
305 W. Hardin St., Findlay, OH 45840  
APPLICATION FOR APPOINTMENT TO THE BOARD

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you a:

- Mental Health Peer?
- Loved One of Mental Health Peer?

Please check each that apply to:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fundraising      | <input type="checkbox"/> Program Activities | <input type="checkbox"/> Faith-Based    |
| <input type="checkbox"/> Legal            | <input type="checkbox"/> Health Care        | <input type="checkbox"/> Professional   |
| <input type="checkbox"/> Finance          | <input type="checkbox"/> Provider           | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Law Enforcement    | <input type="checkbox"/> Technology     |
| <input type="checkbox"/> Education        |   | <input type="checkbox"/> Other _____    |

Have you ever served on other boards? YES/NO

If so, which Boards?

\_\_\_\_\_

In what community activities have you participated?

\_\_\_\_\_  
\_\_\_\_\_

Can you regularly attend Board meetings which are held at 5:15 pm. on the fourth Monday of each month?  
YES/NO

Why are you interested in serving on the NAMI Hancock County Board?

\_\_\_\_\_  
\_\_\_\_\_

What do you believe you can bring to this Board?

\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date received: \_\_\_\_\_ Date reviewed: \_\_\_\_\_

Reviewer's Signature \_\_\_\_\_

TERM 1: \_\_\_\_\_ TO \_\_\_\_\_ TERM 2: FROM: \_\_\_\_\_ TO \_\_\_\_\_