

## **ESAA BOARD OF DIRECTORS APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

SB 499 requires a majority of primary and secondary consumers on SAA Boards. Select below all that apply:

Primary Consumer     Secondary Consumer     Provider

Provider Agency (if applicable) \_\_\_\_\_

(Other stakeholders we encourage to apply are: criminal justice system members, county commissioners, educators, physicians, housing representatives, service organizations, Native Americans, psychologists, therapists, nurses, voc-rehab counselors, etc.)

How long have you been an advocate for individuals with mental illness? \_\_\_\_\_

What strengths, experience or skills do you believe you would bring to this Board?

What is/has been your work experience?

What other boards or committees have you served on?

Could you regularly attend monthly board meetings?    Yes \_\_\_\_\_ No \_\_\_\_\_

Could you actively participate on a committee?        Yes \_\_\_\_\_ No \_\_\_\_\_

Thank you very much for your interest in serving on the ESAA Board of Directors. Our by-laws have specific requirements for Board constituency. Your application will be reviewed by the Board Development Committee and a response rendered within two weeks. Applications may either be sent to Barb Mettler, P.O. Box 219, Billings, MT 59103 or [bmettler@scrmhmc.org](mailto:bmettler@scrmhmc.org), 406-252-5658.