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| **Candidate Information** |
| **Name:** |       |
| **Position Title:**  |       |
| **Employer Name and Address:** |       |
| **Mailing Address:** |       |
| **Cell Phone:** |       |
| **Business Phone:** |       |
| **Email:** |       |
| **Preferred Method of Contact:** |  [ ]  Cell Phone [ ]  Text [ ]  Email [ ]  All  |

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|  **Board Experience and Commitment** |
| **Please briefly describe and list any prior experiences serving as a board member.** |
|  |
| **Please briefly describe why you are interested in serving on SCHA-MI’s Board of Directors.** |
|       |
| **What would you like to gain from serving on this Board?** |
|  |
| **Please briefly describe why having access to health care and prevention services for children and adolescents is important to you.**  |
|  |
| **Are you able to make a commitment to meeting in person 6 times a year in Lansing for Board meetings?** **Yes** **[ ]  No** **[ ]**  |
| **Are you willing to be an advocate for both SCHA-MI and its mission which may require attending meetings, calling, writing, etc. key stakeholders such as legislatures or department staff?** **Yes** **[ ]  No** **[ ]**  |
| **Can you make a three-year commitment to serving on SCHA-MI’s Board of Directors?****Yes** **[ ]  No** **[ ]**  |

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| **Acquired Board Skills** |
| **Please place an X in the area of expertise/contribution which you possess that could benefit our mission.** |
| **Fundraising [ ]**  | **Financial Management [ ]**  | **Public Policy Advocacy [ ]**  |
| **Special Events [ ]**  | **Policy Development [ ]**  | **Evaluation [ ]**  |
| **Capital Campaign [ ]**  | **Strategic Planning [ ]**  | **Legislative contacts [ ]**  |
| **Great Writing [ ]**  | **Communication Mobility [ ]**  | **Technology [ ]**  |
| **Type Other:**  | **Type Other:** | **Type Other:**  |

***For Board Use*** \_\_\_ Nominee has had a personal meeting with ED, Board Chair, or other Board member. \_\_\_ Nominee reviewed by the committee. Date:\_\_\_\_\_\_\_ \_\_\_ Nominee proposed to the Board. Date:\_\_\_\_\_\_\_\_\_\_ Board action  **[ ]**  Elected  **[ ]**  Rejected Date:\_\_\_\_\_\_\_

Questions related to serving on SCHA-MI’s Board of Directors please call Deb Brinson at 517-281-1749.

**Send Completed Applications to:** **schamifinance@scha-mi.org**