|  |  |
| --- | --- |
| **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 |

|  |
| --- |
| **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** |

|  |  |  |
| --- | --- | --- |
| **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**](mailto:schamifinance@scha-mi.org)