



'House of Hope'

Rocky Mountain Behavioral Health, Inc.

Application for Appointment to the Board of Directors

Name: _____ Phone: _____

Address: _____

Occupation: _____

Please check the education or skills you could contribute to our Board:

- | | | |
|--|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Management | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Investment | <input type="checkbox"/> Marketing | <input type="checkbox"/> Knowledge of Services |
| <input type="checkbox"/> Collaborative Partner | <input type="checkbox"/> Grants/Fund Raising | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Community Relations | <input type="checkbox"/> Planning | <input type="checkbox"/> Writing |

Other: _____

On what other Boards have you served?

What charitable or community activities have you been a part of?

Can you regularly attend Board meetings? Yes No

How many hours per month could you serve this organization?

Would you attend a training session for new Board members? Yes No

What is your interest in this organization?

Please write a brief statement of your understanding of this organizations mission.

Signature: _____

Date: _____