## Scioto Paint Valley Mental Health Center

Serving Highland, Ross, Pickaway, Pike & Fayette Counties

## **Board Member Biographical Data**

Date		
Name		
First	MI	Last
<u>Residence</u>		
Address		
 Home Phone	Cell Phor	ne
E-mail	<del></del>	
<u>Employer</u>		
Name		
Address		
Phone	E-mail_	
Type of business or organizati	on	
Preferred method of contact:	•	
	( ) Residence phone	or Email
I prefer to receive my monthl	y Board packet and vario	us other documents via:
( ) Email		
( ) U.S. Mail		
( ) Both		

Please tell us why you're interested in becoming a member of the SPVMHC Board of Trustees.				
Please list boards and committee civic, community, fraternal, political	•	serve on, or have served on (business, recreational, religious, social).		
<u>Organization</u>	Role/Title	Dates of Service		
Education/Training/Certificates	5			
Optional – Have you received any	awards or hor	nors that you'd like to mention?		
Skills, experience and interests	(Please circle	all that apply)		
Finance, Accounting		Education, Instruction		
Personnel, Human Resources		Special events		
Administration, Management		Grant writing		
Nonprofit experience		Fundraising		
Community service		Outreach, Advocacy		
Policy development		Other		
Program evaluation		Other		
Public Relations, Communications		Other		