Scioto Paint Valley Mental Health Center

Serving Highland, Ross, Pickaway, Pike & Fayette Counties

Board Member Biographical Data

Date _____

Name _____

First MI Last

Residence

Address _____

_____

Home Phone _____ Cell Phone _____

E-mail _____

Employer

Name _____

Your title _____

Address_____

_____

Phone _____ E-mail_____

Type of business or organization_____

Preferred method of contact: ( ) Work -- phone or Email

( ) Residence -- phone or Email

I prefer to receive my monthly Board packet and various 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 committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/Title	Dates of Service

Education/Training/Certificates

_____
_____
_____

Optional – Have you received any awards or honors that you'd like to mention?

_____
_____
_____

Skills, experience and interests (Please circle all that apply)

Finance, Accounting
Personnel, Human Resources
Administration, Management
Nonprofit experience
Community service
Policy development
Program evaluation
Public Relations, Communications
Education, Instruction
Special events
Grant writing
Fundraising
Outreach, Advocacy
Other _____
Other _____
Other _____