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**NKY ASAP Governing Board Member Application**

*Please include a copy of your resume with the submission of this application. Submit all documents to* [*cnew@mhankyswoh.org*](mailto:cnew@mhankyswoh.org)*.*

*All information provided by applicant will remain confidential and will only be used by the board for internal procedures/purposes.*

**Personal Information**

First Name:        MI:       Last Name:

Home Address:        City:        State:       Zip Code:

County of Residence:

Phone Numbers:

*Please include area* codes  *cell work*

Email:

**Employer Information**

Employer:

Your Title:

Work Address:        City:        State:       Zip Code:

County of Work:

Contact Name:

Contact Information:

*Please include area* codes work phoneemail

**Licenses/Training**

Please list any licenses or training which would be applicable:

**Skills and Interests you bring to our Board**

What is your experience with NKY ASAP?

Why are you interested in serving as a board member?

Describe any training or experience in the Substance Abuse, Mental and Behavioral Health, Policy, and/or other related fields.

**Board Members Expectations**

To help The NKY ASAP Board be successful and to be a valued board member, I will keep the following as my expectations:

As a member of the Governing Board of NKY ASAP, I pledge to help carry out the mission and vision of the organization.

Along with my other board members, I accept the responsibility to uphold the purpose of The NKY ASAP Board and I take an active role in following the policies of the Board.

Board meetings are held the second Thursday of the month. Virtual meetings are from 2:30-3:30. Four meetings a year (March, June, September, December) are in-person from 2:30-4:30 at the Northern Kentucky Health Department.

I understand that board service will involve a commitment of my time, talents and energy.

My attendance at board and committee meetings is crucial to the progress of the local board and will commit to be present.

I agree to keep confidential any sensitive information shared at board or committee meetings, or in conversations with other board members.

As a member of the board, I pledge to carry out this agreement to the best of my ability and to trust and encourage my fellow board members to do likewise.

These responsibilities I accept in good faith as a member of The NKY ASAP Governing Board.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your interest in joining our board. We appreciate you taking the time to fill out the application. We will be in communication regarding next steps.**