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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**.*

*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 (the board does not meet in June or August). Virtual meetings are from 2:30-3:30. Three meetings a year (March, 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, in accordance with the Open Meetings and Open Records Acts.

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.**