



National Alliance on Mental Illness

Oklahoma

PROSPECTIVE BOARD MEMBER PROFILE FORM

In order to assist us in determining your qualifications and eligibility to serve as a member of the Board of Directors of NAMI Oklahoma, we ask you to complete this form. Please answer all questions as completely as possible and attach a resume. Thank you.

Name _____ Spouse, if applicable _____

Home address (street, city and zip code)

Home phone (include area code) _____ Work phone & extension (include area code) _____

Work address (street, city and zip code) _____

Name of employer _____ Your title _____

Fax number (include area code) _____ Mobile number (include area code) _____

Email address _____

Member of NAMI Oklahoma? Y N Name of my local affiliate _____

Experience (Circle where appropriate, or fill in blank where appropriate)

My educational background includes: Some high school High school graduate Some college
 Undergraduate college degree Some graduate course work Graduate degree or higher

What degree in what field? _____

Please list any volunteer experience you have (include name of organization and experience)

I have received specialized training or experience, either in my career or in my volunteer work (indicate which), in these areas:

Fund Raising Personnel/Human Resources Finances Business Marketing/Public Relations Technology
 Legal Other (please describe) _____

Please explain specifics of your specialized training or experiences circled above

NAMI Experience

I serve(d) as a board member/officer of a local affiliate. Y N I do volunteer work for my local affiliate. Y N

I have taken Family to Family Y N I wish to be trained to teach Family to Family. Y N

I have participated in a support group. Y N I wish to be trained to facilitate a support group. Y N

I am a consumer of mental health services. Y N I am a family member of a person with mental illness. Y N

I am a mental health professional. Y N I would like to discuss further my volunteer options. Y N

Following are some of the areas of involvement of NAMI Oklahoma. Please check as many areas of interest as appropriate.

Affiliate Support Business Operations (to include finance, personnel, and business development) By-Laws
 Child & Adolescent Conference Education Forensics Housing Legislative Advocacy PACT
 Public Policy.

I am available to take support and referral calls. Y N If yes, I may be contacted at Home Work both

Expectations and Responsibilities of Board Members

(To be reviewed by, and with, a member of the Nominating Committee)

I will strive to attend all board meetings and participate on two committees? Y N

I will help establish the goals of NAMI Oklahoma, and I will help amend the By-Laws, as needed? Y N

To comply with the principals of stewardship, I will pledge an annual gift to NAMI Oklahoma? Y N

I will monitor all fiscal matters to promote financial stability? Y N

I will learn about the organization's mission, services, and programs, and will help further NAMI Oklahoma's goals? Y N

I will attend state, regional, and special events and I will visit two affiliates besides my own each year? Y N

I will serve as a liaison between the NAMI Oklahoma and the local affiliates, governmental entities, and the community? Y N

I will participate in special task forces and recruit volunteers, as needed? Y N

I will find my own replacement for the board? Y N

Why are you interested in serving on the NAMI Oklahoma Board of Directors?

What strengths do you see yourself bringing to the NAMI Oklahoma Board?

Signed: _____ **Date:** _____

Please attach your resume and three references.

Please return to: NAMI Oklahoma, 3812 N Santa Fe Avenue, Suite 305, Oklahoma City, OK 73118
FAX: 405-601-8283 EMAIL: namiok@coxinet.net