



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