

**Board of Directors Candidate Application**

## Thank you for your interest in the Board of Directors of the New Mexico Alliance for School-Based Health Care (NMASBHC). Please complete the following questionnaire so that we can make the best use of your talents and expertise and offer you the most rewarding experience as a member of the Board.

\* = Required

**First Name**\* Click here to enter text.

**Last Name**\* Click here to enter text.

**Mailing Address**\* Click here to enter text.

**Business Phone**\* Click here to enter text.

**Mobile Phone**\* Click here to enter text.

**Email Address**\* Click here to enter text.

**Short Answer Questions**

Please answer the following questions in 6-10 sentences.

**Please summarize your educational and professional history. Please highlight your work to support children's health, school-based health care and/or work in school**\*

Click here to enter text.

**Please state why you are interested in being on the NMASBHC Board of Directors.**\*

Click here to enter text.

**Please describe current barriers to access to health care for students in New Mexico.**\*

Click here to enter text.

**How many hours could you contribute to the organization, on average, on a monthly basis?**\*

Click here to enter text.

**On which standing committee(s) are you interested in serving?**\*

Advocacy

Resource Development

Finance

**Are you interested in taking on a leadership role, either now or in the future?**\*

 President-Elect

 Treasurer

 Secretary

 Advocacy Committee Chair

 Resource Development Committee Chair

**Describe your experience on other boards on which you serve or have served in the past.**\*

Click here to enter text.

**Demographic Information (requested)**

According to the NMASBHC by-laws, we must have two Directors who are between 18 and 35 years of age.

**Please let us know your category of age:**

Under 18 years

Between 18 and 35 years

Over 35 years

**Demographic Information (optional)**

**What is your gender identity?** Click here to enter text.

(ex: male, female, gender queer, trans male or female, etc.)

**Race**

 American Indian or Alaskan Native

 Asian

 Black or African American

 Native Hawaiian or Other Pacific Islander

 White

 Hispanic/Latino/Chicano

 Other: Click here to enter text.

**Age** Click here to enter text.

**Skills and Experience Inventory**

**Special Skills**\*

Please select any skills which describe you

Administration/management

 Finance/accounting

 Fundraising

 Legal

 Lobbying/Advocacy

 Marketing/Public Relations

 Strategic Planning

 Human Resources

Special Events

Education/Training

Investment

 Other: Click here to enter text.

**Field Based Experience**\*

Please select any skills which describe you

Public School

 School-Based Health Clinic

 Physical Health

 Dental Health

 Mental Health

 Higher Education

 Related Associations

 State/Federal Agency(ies)

 Self Employed

 Other: Click here to enter text.

**Geographic Location**\*

Please indicate the area of the state in which you currently live

 Northwest Quadrant

 Northeast Quadrant

 Southwest Quadrant

 Southeast Quadrant

 Central

 Other: Click here to enter text.

**Please provide this completed application and your resume or curriculum vitae by email to Nancy Rodriguez:** [**nancyrodrigueznmasbhc@gmail.com**](mailto:nancyrodrigueznmasbhc@gmail.com) **by February 21, 2018.**