

**Northern Arizona Regional Behavioral Health Authority
Board of Directors Membership Application**

Name: _____

Address: _____

Home/Cell Telephone Number: _____

Business Telephone Number: _____

Please complete the following (attach another sheet for your answers along with your resume).

I. *What experience, skills, training and education would you bring to the NARBHA Board of Directors? (Work related experience; volunteer experience; personal or professional involvement with behavioral health issues; etc.)*

Please attach your resume

II. *Would you be available the fourth Thursday of each month to attend Board of Director Meetings (in Flagstaff for four quarterly business meeting and otherwise either in Flagstaff or at a local video conferencing facility) Yes ___ No ___. Would you also be available one evening in the third week to attend a Committee meeting locally in Flagstaff or at a video conferencing facility? Yes ___ No _____.*

III. *Would you be able to commit to 8 to 15 hours a month? (This includes Committee and Board Meetings) Yes ___ No ___*

IV. *Why do you want to become a NARBHA Board Member?*

V. *Other qualifications and/or comments that you would like to submit to the NARBHA Board.*

Your Signature:

Date: _____