



Northern Arizona Behavioral Health Authority (NARBHA)  
Board of Directors Membership Application

*The information on this form will be kept confidential.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_

Business \_\_\_\_\_

Email \_\_\_\_\_

Website (if any) \_\_\_\_\_

What is the best way to contact you?

\_\_\_\_\_

Please write your responses to the following questions and **attach your resume or provide a brief biographical sketch:**

1. In your view, what do you understand about NARBHA's work?
  
  
  
  
  
  
  
  
  
  
2. What qualifications would you bring to NARBHA's board of directors?
  
  
  
  
  
  
  
  
  
  
3. Please name other boards of directors where you have served and the years you served.

Organization

Years

4. What experience have you had with behavioral health (mental health and substance abuse)?
  
5. What motivates you to become a NARBHA board member?
  
6. Are you willing to commit 8 to 15 hours per month to the NARBHA Board?
  
7. Will you be able to attend late afternoon/early evening meetings in Flagstaff?

*A member of the NARBHA Board of Directors will contact you to answer your questions about the Board and to discuss what you feel you can contribute to the Board.*