

**SAFE WA Application for Executive Board Membership**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Contact Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax [ \_\_\_\_ ] \_\_\_\_\_

Your current employment

Do you parent a family member/s who experiences a mental health need/s?

\*Yes          No          Age/s of family member/s: \_\_\_\_\_

\*If yes, briefly describe the mental health need/s:

Are you a caregiver of a child or youth who experiences a mental health need/s?

\*Yes          No          Age/s of child /youth you are providing care for: \_\_\_\_\_

\*If yes, briefly describe the mental health need/s:

Are you a Professional or Provider who works with children or youth who experiences mental health needs?

\*Yes          No          Years of experience \_\_\_\_\_

\* If yes, briefly describe your experience:

In order for SAFE WA to represent all communities of Washington State, please respond to the following very important information. We thank you in advance.

Please describe the diversity of the community you reside in. I.e., rural, sub-rural, urban, and diversity.

\_\_\_\_\_

Do you represent a cultural diverse community?

\*Yes            No

\*IF yes, please describe your cultural diversity or ethnic background.

Do you currently participate on any Boards, Councils, Committees, or Organizations?

\* Yes            No

\* If yes, please list your participation on Boards, Councils, Committee, or Organizations:

Please tell us about any Board of Director or leadership experience you may have had:

Please explain your interest in becoming an Executive Board Member of SAFE WA:

Please circle which of the following Board positions, if available, you would be most interested in serving.

President    Vice President    Secretary    Treasurer    Member at Large

In making application as a Board Member of Statewide Action for Family Empowerment of Washington, I agree to support the goals of the corporation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return your application to the address on the letterhead. Attach a current resume if available.