



PO Box 565 • 884 W. Park Avenue • Port Townsend, WA 98368
Phone: 360-385-0321 • Fax: 360-379-5534

Board of Director Application

Name _____

Email Address _____

Home Address _____

Phone Number _____

How much time can you dedicate to DBH?

1-2 hours per month 3-4 hours per month 5 + hours per month

Briefly describe your professional background

List specific education, skills, and qualifications you believe would be of value to the BOD

Briefly explain your motivation for joining our BOD

List your prior volunteer and BOD experience

What are your personal dreams or aspirations that could be enhanced by service on our BOD?

Which of the three primary roles do you think you will be most active?

Ambassador Advocate Asker

Will you be willing to participate in educational events? Yes No

Will you be willing to participate in fund raising events? Yes No

Have you ever been employed by DBH? Yes No Job Title _____

Do you have a personal relationship with anyone who is currently employed at DBH?

Yes Family or Friend No

Do you engage in any activities, professional or personal, that you believe will conflict with our mission?

Yes No

If "yes", please briefly explain:

The Board meets regularly once per month and may, on occasion, need to meet more often to facilitate an emergent issue.

I have read and support DBH's mission, vision, values and will abide by all confidentiality policies. I hereby submit this application for consideration as a board member.

All information will be held in confidence.

Signature _____

Date _____



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REFERENCES

Name	Phone	Email	Relationship
1.			
2.			
3.			