

**Mental Health Association of Orange County
Prospective Board Member Profile**

Recommended by: _____ Date: _____

| | |
|-----------------------|--|
| Name: | |
| Home Address: | |
| Home Phone: | |
| Work Phone: | |
| Email Address: | |
| Employer: | |
| Position: | |
| Work Address: | |

To help MHA achieve a board which represents our community, we ask the following information:

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|-------------------|---|---|------------------------------------|---------------------------------|
| Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female | | |
| Age: | <input type="checkbox"/> <35 | <input type="checkbox"/> 35-45 | <input type="checkbox"/> 46-65 | <input type="checkbox"/> >65 |
| Ethnicity: | <input type="checkbox"/> African American | <input type="checkbox"/> Asian American | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Latino |
| | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Other | | |

Access to Community Sectors (Check all that apply)

| | | |
|--|--|--|
| <input type="checkbox"/> Corporations | <input type="checkbox"/> Health Care | <input type="checkbox"/> Political |
| <input type="checkbox"/> Education | <input type="checkbox"/> Legal | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Family Members | <input type="checkbox"/> Low Income | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Funding Sources | <input type="checkbox"/> Media | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Government | <input type="checkbox"/> Mental Health Consumers | <input type="checkbox"/> Other: |

Skill and Interest Areas (Check all that apply)

| | | |
|---|--|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Information Systems | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Legal | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Personnel | <input type="checkbox"/> Speaker's Bureau |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Planning | <input type="checkbox"/> Other: |

Affiliations with other organizations:

| | |
|--------|------------------------|
| Dates: | Organization: |
| | Nature of Affiliation: |
| Dates: | Organization: |
| | Nature of Affiliation: |
| Dates: | Organization: |
| | Nature of Affiliation: |

Any other relevant experience or interests:

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What do you hope to gain from Board Membership?

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Other comments or questions:

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Please attach a resume and return to:

Jeffrey A. Thrash
Executive Director
Mental Health Association of Orange County
822 Town and Country Road
Orange, CA 92868
(714) 547-7559
Fax (714) 543-4431