

Valley Community Mental Health Foundation
150 E. Market St
Warren, OH 44481
330-394-6244 ext 1115



**VALLEY COMMUNITY MENTAL HEALTH FOUNDATION
BOARD MEMBER APPLICATION**

NAME	
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HOME ADDRESS	
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CITY		STATE		ZIP	
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SPOUSE	
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CHILDREN	
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TITLE		EMPLOYER	
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WORK ADDRESS	
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CITY		STATE		ZIP	
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PREFERRED MAILING ADDRESS: HOME WORK

HOME PHONE	
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WORK PHONE	
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MOBILE PHONE	
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PREFERRED PHONE: HOME WORK MOBILE

EMAIL	
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I PREFER TO RECEIVE FOUNDATION CORRESPONDENCES:
 ELECTRONICALLY VIA EMAIL HARD COPY VIA MAIL

PLEASE LIST ANY OTHER PROFESSIONAL OR COMMUNITY ORGANIZATIONS YOU ARE A MEMBER OF ONE (BE SURE TO INCLUDE ANY OFFICES HELD):

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HOW MUCH TIME DO YOU ESTIMATE YOU WILL BE ABLE TO CONTRIBUTE TO BOARD ACTIVITIES? DO YOU PREFER MORNING, NOON, OR EVENING MEETINGS?

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I HAVE RECEIVED A COPY OF THE DESCRIPTION OF BOARD MEMBER RESPONSIBILITIES. DURING THE TERM OF MY SERVICE, IF A CONFLICT OF INTEREST ARISES I WILL NOTIFY THE VCMHF BOARD IMMEDIATELY.

SIGNATURE

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DATE

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PLEASE RETURN COMPLETED APPLICATIONS TO:

**LINDSAY MOLNAR
DIR. OF FOUNDATION DEVELOPMENT
VALLEY COUNSELING SERVICES
150 EAST MARKET ST
WARREN, OHIO 44481
330-394-6244 EXT 1115
LMOLNAR@VCSINC.ORG**