

## Advisory Board Volunteer Application

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### Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Voice of Representation

As member of the Board of Directors, the perspective you bring to the decisions we make is important. We are committed to EXCELLENCE in our Board of Directors, and our Advisory Board performance. This application gives us an understanding of your background, and will assist us with building diversity into our Boards for the Grace C. Mae Advocate Center. Please use the following definitions when answering the questions below: *Mental health challenges* are the emotional, behavioral, and attention special needs people are sometimes challenged with. *Special needs* include mental health, physical, cognitive, or medical health conditions that limit or interfere with a person's daily life activities.

Please select one category below that best describes you:

- Consumer (you have had or currently have mental health challenges or other special needs)
- Parent of a child who has mental health challenges or special needs
- Family member of a person who has mental health challenges or special needs
- Social worker or counselor who also has a family member with special needs
- Social worker or counselor
- Attorney who also has a family member with special needs
- Attorney
- Finance or Insurance professional who also has a family member with special needs
- Finance or Insurance professional
- Elected official who also has a family member with special needs
- Elected official
- Administrator or Director who also has a family member with special needs
- Administrator or Director of a non-profit or human service agency
- Teacher or Educator who also has a family member with special needs
- Teacher or Educator
- Law Enforcement who also has a family member with special needs
- Law Enforcement
- Engineer or Computer Technology Specialist who also has a family with special needs
- Engineer or Computer Technology Specialist
- Foster Parent who cares or has cared for children with special needs
- Foster Parent
- Citizen of a rural community with no professional affiliations listed above, but care about people and families who have children with special needs.
- Other Please describe: \_\_\_\_\_

**Availability**

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings

Which activities are you most skilled/interested to help with, in addition to serving as a Board member?

As Needed:

- Administration  
 Events  
 Field work  
 Fundraising  
 Deliveries

Ongoing:

- Newsletter production  
 Volunteer coordination

**Person to Notify in Case of Emergency**

Name	
Street Address	
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Home Phone	
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E-Mail Address	

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

### Previous Volunteer Experience

Summarize your previous volunteer experience.

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. This organization encourages people of minority status to apply. This organization is committed to building a leadership that is diverse. Thank you for completing this application form and for your interest in volunteering with us.