

Mental Health America Leadership Nomination Form

This nomination form contains two parts. Part A is to be completed by the nominator and Part B is to be completed by the nominee. In the case of self-nominations, the nominee is to complete Parts A&B. To recommend yourself or another individual for service at the national level, please complete parts A&B and mail, e-mail or fax along with a cover letter and resume to:

Nominating and Board Development Committee
c/o Dianne Felton
Mental Health America
2000 North Beauregard Street, 6th Floor
Alexandria, VA 22311
(703) 837-4782 (telephone)
(703) 739-5917 (fax)

Please mark **CONFIDENTIAL** on the outside of the envelope or on the fax cover sheet. The information on this form is for sole use of the Nominating and Board Development Committee and is considered confidential. **Nominations must be typed or neatly printed, signed by the nominee and postmarked by February 1, 2014. Nominations that do not contain a cover letter, completed form (Parts A&B) and a resume will not be considered. The cover letter should specifically discuss the nominee's understanding of the role of Mental Health America and the strengths that he or she might bring to the Board of Directors and its subcommittees.**

PART A: TO BE COMPLETED BY THE NOMINATOR

1. **Name, address, and telephone number of the person you are recommending for service on the Board of Directors and/or Committees of Mental Health America.**

Nominee's Name: _____
Title/Occupation: _____
Organization/Firm: _____
Address _____
City _____
State _____ Zip _____
Telephone (____) _____ Fax (____) _____
E-Mail _____

2. **Name, address, and telephone number of the person who is submitting the nomination.**

Nominator's Name: _____
Title/Occupation: _____
Organization/Firm: _____
Address _____
City _____
State _____ Zip _____
Telephone (____) _____ Fax (____) _____
E-Mail _____

3. Please indicate any special attributes of this person that would enhance the diversity of the National MHA Board/Committee (i.e., race/ethnicity, economic status, disability, sexual orientation, age, geographic location, gender, or veteran)

4. Please tell us something about the candidate and how you think their involvement on the Board/Committee would help strengthen the organization. Be sure to include any information about the nominee's past history of Mental Health America activities.

Focus on those experiences that you think we should consider in making our decision for the Board of Directors/Committees. We are looking for people who support MHA's broad mission, are consumer and family friendly, and are accessible and open to dialogue with all members of MHA, regardless of age, culture, or race. Prior experience on a national board is not necessary. Use additional pages, if necessary.

5. Please describe how well you think the person you are recommending will be able to carry out important activities of the Board such as fund-raising, advocating, attending Board and Committee meetings on a regular basis, and participating in the work of MHA. Use additional pages, if necessary.

6. On a scale of 1-5 (with 1 being the lowest and 5 being the highest), please provide your assessment of the candidate's ability and experience in the following areas:

- 1. Energy and Enthusiasm for the MHA
- 2. Leadership
- 3. Ability to Influence Legislation
- 4. Ability to raise funds for MHA
- 5. Officer Potential

7. Please check those areas in which you believe this individual excels:

- | | | |
|---|--|---|
| <input type="checkbox"/> Admin. & Finance | <input type="checkbox"/> Cultural Competence | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Financial Development | <input type="checkbox"/> Public Relations/Image |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Legal Matters | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Corporate/Foundation Gifts | <input type="checkbox"/> Public Education | <input type="checkbox"/> Training |
| <input type="checkbox"/> Other: _____ | | |

PART B: TO BE COMPLETED BY THE NOMINEE

1. Please check all that apply:

- Consumer Family Member Professional Advocate

2. Are you currently affiliated with a state or local Mental Health America affiliate?

- Yes No

If yes, please specify: Volunteer Staff

MHA of/in _____

3. Special Interests in the Mental Health Field (Please check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Mental Health | <input type="checkbox"/> Family Issues | <input type="checkbox"/> Public Educ./Information |
| <input type="checkbox"/> Children's Mental Health | <input type="checkbox"/> Health Care Reform | <input type="checkbox"/> Research |
| <input type="checkbox"/> Consumer Issues | <input type="checkbox"/> Justice Issues | <input type="checkbox"/> Stigma |
| <input type="checkbox"/> Community-Based Services | <input type="checkbox"/> Poverty | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Dual Diagnosis | <input type="checkbox"/> Prevention/Promotion | <input type="checkbox"/> Welfare |
| <input type="checkbox"/> Other: _____ | | |

4. Additional Demographic Information 'fD`YUgY'a Uf_`k jH `Ub`L&:

Age:

- 20-24 _____
25-29 _____
30-34 _____
35-39 _____
40-44 _____
45-49 _____
50-54 _____
55-59 _____
60-64 _____
65 + _____

Race/Ethnicity:

- African American _____
Asian/Pacific Islander _____
Caucasian _____
Hispanic _____
Native American _____
Other _____

Gender:

- Female _____
Male _____

Do you have minority status in area(s) other than race/ethnicity such as sexuality? If yes, explain:

Have you ever served on the MHA Board of Directors or its Committees? If yes, give detail including year(s):

Birthday: _____

5. Biography: Please complete the biography portion of the application. Below is a sample bio to use for guidance.

Sample Biography:

Jack Akester, Ph.D. - Dr. Akester is a retired pharmaceutical research professional with an extensive background in scientific and administrative management of clinical research and drug development. Particular expertise in: study design/protocol preparation, study management and monitoring, clinical data interpretation and report writing, scientific and regulatory document management, study site selection, source document verification. 1974-1995, American Cyanamid Company, Medical Research Division, Senior Clinical Research Association-Clinical Investigation Department, 1981-1995; Clinical

Study Analyst, 1974-1981; ICI America Inc., Stuart Pharmaceutical Division, Project Coordinator, 1971-1974, Group Leader(Cardiovascular), 1968-1971. Post Doctorate, University of Iowa Medical School; Ph.D., Pharmacology, West Virginia University Medical Center; M.S., Pharmacology, University of Cincinnati Graduate School; B.A., Zoology, Ohio State University. Professional Memberships: American Heart Association, Associates of Clinical Pharmacology, Western Pharmacology Society, American Society for Microbiology.

For nominations to be considered, the nominee must:

- a. Read and agree to the Expectations of MHA Board Members. (Board applicants only)**
- b. Give written consent for his or her name to be placed in nomination.**
- c. Attach a resume and a cover letter that discusses the nominee's understanding of the role of the MHA and the strengths that he or she might bring to the Board of Directors.**

I have read and, should I be nominated to the national MHA Board of Directors or its committees by the nominating and board development committee, do agree to abide by the Expectations of MHA Board Members (board applicants only); and I do hereby consent to this nomination for volunteer service as a member of Mental Health America's Board of Directors/Committees:

Signature of Nominee _____

Date _____

PRINT

SAVE