

**Board of Directors Candidate Application**

## Thank you for your interest in the Board of Directors of the New Mexico Alliance for School-Based Health Care (NMASBHC). Please complete the following questionnaire so that we can make the best use of your talents and expertise and offer you the most rewarding experience as a member of the Board. Please update staff if your place of employment, address, etc has changed during your term.

\* = Required

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| --- | --- | --- | --- | --- | --- |
| **First Name** | Click here to enter text. | |  | **Last Name** | Click here to enter text. |
| **Mailing Address** | Click here to enter text. | | | | |
| **Business Phone** | Click here to enter text. | |  | **Mobile Phone** | Click here to enter text. |
| **Email Address** | Click here to enter text. | |  |  |  |
| **Place of Employment**  **(or, if retired, last employer)** | | Click here to enter text. | | | |

**Short Answer Questions**

Please answer the following questions in 6-10 sentences.

**Please summarize your educational and professional history. Please highlight your work to support children's health, school-based health care and/or work in school**\*

Click here to enter text.

**Please state why you are interested in being on the NMASBHC Board of Directors.**\*

Click here to enter text.

**Please describe current barriers to access to health care for students in New Mexico.**\*

Click here to enter text.

**How many hours could you contribute to the organization, on average, on a monthly basis?**\*

Click here to enter text.

**On which standing committee(s) are you interested in serving?**\*

Advocacy

Resource Development

Finance

**Are you interested in taking on a leadership role, either now or in the future?**\*

President-Elect

Treasurer

Secretary

Advocacy Committee Chair

Resource Development Committee Chair

**Describe your experience on other boards, if any, on which you serve or have served in the past.**\*

Click here to enter text.

**Demographic Information (requested)**

According to the NMASBHC by-laws, we must have two Directors who are between 18 and 35 years of age.

**Please let us know your category of age:**

Under 18 years

Between 18 and 35 years

Over 35 years

**Demographic Information (optional)**

**Age** Click here to enter text.

**What is your gender identity?** Click here to enter text.

*(ex: male, female, gender queer, trans male or female, etc.)*

**Race**

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Hispanic/Latino/Chicano

Other:  Click here to enter text.

**Skills and Experience Inventory**

**Special Skills**\*

Please select any skills which describe you

Administration/management

Finance/accounting

Fundraising

Legal

Lobbying/Advocacy

Marketing/Public Relations

Strategic Planning

Human Resources

Special Events

Education/Training

Investment

Other: Click here to enter text.

**Field Based Experience**\*

Please select any skills which describe you

Public School

School-Based Health Center

Physical Health

Dental Health

Mental Health/Substance Misuse

Higher Education

Related Associations

State/Federal Agency(ies)

Self Employed

Other: Click here to enter text.

**Geographic Location**\*

Please indicate the area of the state in which you currently live

Northwest Quadrant

Northeast Quadrant

Southwest Quadrant

Southeast Quadrant

Central

Other:  Click here to enter text.

**Please provide this completed application, your resume or curriculum vitae, a biosketch and three references by email to Nancy Rodriguez:** [**nancy@nmasbhc.org**](mailto:nancy@nmasbhc.org) **by April 15, 2020.**