

**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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** **by April 15, 2020.**