Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

There is no right answer to these questions at all. Please be honest when answering these questions below.

**Do you know what NAMI (National Alliance on Mental Illness) or NAMI Southwestern Wisconsin is and/or does?**

**What qualities can you bring to the NAMI Southwestern Wisconsin Board of Directors?**

**What do you wish to obtain from joining the Board of Directors?**

**Are you comfortable with speaking about mental illness with others and helping in fundraising events?**

**What other activities are you currently involved in?**

**For students what degree are you going for or professionals what is your field (we are looking for an array so do not be discouraged by this question)**

**Can you give two references. One may be personal the other must be professional.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAMI Southwestern Wisconsin is a non-profit organization that has been established to help Advocate, Educate, and Support those who are affected by mental illness. This includes those who have a mental illness and family members, caregivers, and friends who are affected by the illness. We cover the areas of Crawford, Grant, & Iowa counties.

As a Board Member you do not have to meet the requirements of being a consumer (someone with mental illness) or a family/friend of someone with, you simply need to have the desire to help those with mental illnesses. If you have any questions about this application or the organization please feel free to email [southwestwisconsin.nami@gmail.com](mailto:southwestwisconsin.nami@gmail.com) or to call 608-375-2541.

**Demographic Information:**

|  |
| --- |
| This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company. |
| Racial or Ethnic Group |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | American Indian/Alaskan |  | Asian/Pacific Islander |  | Black/African American | |  | Hispanic/Latino |  | White/Caucasian |  | Other | |
| Gender |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Female |  | Male |  | |
| Military Service |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Pre-Vietnam Era |  | Vietnam Era |  | |  | Post-Vietnam Era |  | Disabled Veteran |  | |
| Mental Health Status |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Consumer\* |  | Friend |  |  | |  | Family |  | Concerned Person |  |  | |  | Other |  |  |  |  | |

\*Consumer is someone with a mental illness