Via Hope Board of Directors Application Form

Thank you for your interest in serving as a member of the Via Hope Board of Directors. Serving on the board is a rewarding experience and an opportunity for personal and professional growth. Completing this form will help you understand the skills and time/resource commitments of this leadership position. You may find it helpful to read through the entire application and Board Member Job Description before you begin filling it out.

Please return the completed application to:

**Michele Bibby, Board Chair:** michelebibby@icloud.com

This application will be kept confidential and on file with the Board of Directors. Applications are used by the Board’s Nominating Committee to identify and evaluate potential board candidates. All new directors are elected by a majority vote of current board members. See Via Hope Board Job Description below.

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**Via Hope Board Job Description**

As the highest leadership body of the organization and to satisfy its fiduciary duties, the board is responsible for:

- Determining the mission and purposes of Via Hope
- Know the organization’s mission, policies, programs, and needs
- Follow the organization’s bylaws, policies, and board resolutions
- Selecting and evaluating the performance of the CEO. Work with the CEO and staff in a collegial manner
- Strategic and organizational planning
- Ensuring strong fiduciary oversight and financial management.
- Read and understand the organization’s financial statements
- Approving and monitoring Via Hope's programs and services
- Enhancing Via Hope's public image
- Assessing its own performance as the governing body of Via Hope
- Serve active advocates and ambassadors for the organization
- Fully engage in identifying and securing financial resources.
• Give a meaningful personal financial donation.
• Leverage connections, networks, and resources to fully achieve Via Hope's mission
• Participate in board and committee meetings
• Sign an annual conflict-of-interest disclosure and update it during the year if necessary
• Maintain confidentiality about all internal matters of Via Hope

To apply contact:
Michele Bibby, Board Chair: michelebibby@icloud.com

VIA HOPE MISSION STATEMENT
Via Hope is changing the way we all think about behavioral health.

CANDIDATE INFORMATION

Name:_______________________________________________________________________

Home Phone Number: ______________________Cell Number:____________________

Address: _________________________________________________________________
____________________________________________________________________________

Email Address (please write it carefully):
____________________________________________________________________________

Briefly describe why you would like to join our Board of Directors:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Your current organizational affiliations (names of the organization and your role(s)):

1. __________________________________________________________________________

2. __________________________________________________________________________

3. __________________________________________________________________________

4. __________________________________________________________________________

Which of your skills would you like to utilize on the Board? Check those that apply:

- □ Board development
- □ Strategic planning
- □ Staffing / HR
- □ Program development
- □ Financial management
- □ Fundraising
- □ Evaluation
- □ Community networking
- □ Training
- □ Marketing
- □ Volunteer management

Are there any other skills that you would like to utilize?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

What types of experiences, skills, and interests would you like to cultivate or obtain from your participation on the board?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Are you comfortable soliciting others for board membership and for funding the organization? If yes, describe any experience doing so.

_____________________________________________________________________________
What does leadership mean to you?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Are you a Mental Health Peer Specialist or a Peer Recovery Support Specialist? If yes, please provide the date you received your certification and list any employment history if the Peer Support Field.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Do you have lived experience?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please include a copy of your resume.

Please include the names and contact information of two references.
If you join the Board, you agree that you can provide at least 2-4 hours a month in attendance to Board and Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.
Signature: _______________________________________________________________
Date: ___________________________________________________________________

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

☐ Yes ☐ No ☐ Perhaps