

**AMETHYST HOUSE APPLICATION FOR APPOINTMENT
TO THE BOARD OF DIRECTORS**

Mission Statement: The mission of Amethyst House, Inc. is to provide high quality, structured living environments, treatment, education, and recovery services for individuals with addictions and substance abuse issues.

Name: _____ Home Phone: _____

E-Mail: _____ Cell Phone or Work #: _____

Home Address: _____ City/St/Zip: _____

Work Address: _____ Occupation: _____

BACKGROUND (Please check your educational or skills areas)

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Arts/Humanities | <input type="checkbox"/> Education | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Insurance | <input type="checkbox"/> Investment | <input type="checkbox"/> Law |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Medical | <input type="checkbox"/> Motivational | <input type="checkbox"/> Physical Plant/Mechanical |
| <input type="checkbox"/> Public/Community Relations | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Real Estate | |
| <input type="checkbox"/> Strategic/Long Range Planning | <input type="checkbox"/> Technology | | |

Other (please explain) _____

Number of years living in this community? _____

Board/Charitable Activities/Community Involvement: _____

REFERENCES (Names, addresses and phone numbers)

1. _____

2. _____

YOUR AVAILABILITY TO SERVE

Can you attend Board meetings (4th Monday every month @ 12:15 pm): _____

In addition to, or instead of a commitment to a three-year term on the Board of Directors, would you be interested in participating in any of the following committees: Please indicate with a YES or NO (Each committee requires attendance at a 1-2 hour meeting each month)

Program Committee: Responsible for the overall development of programs and projects adopted by the agency. Studies how to best continually serve identified community needs, ensuring that programs expand or contract in proportion to changes in clientele. _____

Finance Committee: Responsible for the overall direction and control of the finances of the agency. Prepares monthly and yearly financial reports. Reviews budgets for special projects and makes recommendations regarding the disposition of funds. Reviews sources of funding, assets and liabilities of the agency. _____

Fundraising/PR Committee: Responsible for the direction and control of financial development activities at the agency. Oversees the development of fundraising activities and events. Evaluates funding programs for the Board. _____

Governance Committee: Responsible for the overall development of the Board of Directors of the agency. Analyzes current Board and identifies strengths and weaknesses, considers technical and personal skills needed to complement Board diversity. _____

Strategic Planning Committee: Responsible for the overall strategic planning for the agency. _____

Safety Committee: Responsible for the overall health and safety policies for the agency. _____

Ad Hoc Committees: Time limited, project specific committees developed to address specific issues, problems or goals identified by the Board or standing committees. _____

Volunteer, Special Events/Projects: Volunteer needs develop on an as needed basis. _____

YOUR VIEWS ON THIS ORGANIZATION

1. What is your interest in this organization and what motivates you to be involved?

2. Please write a brief statement of your understanding of the mission of this organization.