



Prevention Action Alliance

Lifetime Prevention | Lifetime Wellness

Board of Directors Application Form

Thank you for your interest in serving as a member of the Prevention Action Alliance Board of Directors. Use this form to provide useful information about yourself. 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 Responsibilities before you begin filling it out.

Please return the completed application to Prevention Action Alliance, Attn: Fran Gerbig, 6171 Huntley Road, Suite G, Columbus, Ohio 43229 or via fgerbig@preventionactionalliance.org. This application will be kept confidential and on file at Prevention Action Alliance. Applications are used by the Board Engagement and Recruitment Committee to identify and evaluate potential board candidates. All new directors are elected by a majority vote of current board members.

Prevention Action Alliance Mission

Dedicated to leading healthy communities in the prevention of substance misuse and the promotion of mental health wellness.

Board Member Responsibilities

1. Serves a minimum of one (1) three-year term on the Board. Eligible to serve two (2) three-year terms if re-elected.
2. Attend at least three of four board meetings a year with an excused absence. PAA Board meetings are held on the second Friday of August, November, February, and May at 12:15 pm.
3. Attend one agency event (in addition to board meetings).
4. Serve on at least one committee.
5. Stay informed about committee matters, prepare for meetings, and reviews and comments on minutes and reports.
6. Builds a collegial working relationship with other committee members that contributes to consensus.
7. Contribute annually to the agency's unrestricted fund.
8. Participates in the advancement of Prevention Action Alliance's strategic, including fundraising and member recruitment.



Your Personal Data

Your Name:

Your Cell Number:

Your Address:

Your Email Address:

Age:

Gender:

Are you of Hispanic/Latino/Spanish origin?

How would you describe yourself?

Preferred Pronouns:

Employer:

Job Title:

Industry:



Your Why

Briefly describe why you would like to join our Board of Directors:



Your Current Organizational Affiliations

Please list the names of the organization and your role(s).

1.

2.

3.

4.



Your Skills

Please indicate which of your skills you would like to utilize on the Board. Check all that apply.

☐

Board Development

☐

Financial Management

☐

Training

☐

Strategic Planning

☐

Fundraising

☐

Marketing

☐

Staffing/HR

☐

Evaluation

☐

Volunteer Management

☐

Advocacy

☐

Community Networking

☐

Facilities Management

Other skill(s) of yours that you would like to utilize?

What would you like to get for yourself out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?



Agreement

If you join the Board, you agree that you can provide at least 2 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.

Your 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