



# Charleston Area (SC)

## BOARD OF DIRECTORS NOMINATION FORM

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Title (optional) \_\_\_\_\_

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

Mailing address:

\_\_\_\_\_

\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

NAMI Affiliate: \_\_\_\_\_ # of years: \_\_\_\_\_

Nominated by (self-nomination is accepted): Name, title, phone #, email:

\_\_\_\_\_

**Demographic information:** To assist the Nominating Committee in assuring balanced representation on the Board of Directors.

1. Candidate Identifies as: Male \_\_\_\_\_ Female \_\_\_\_\_ Prefer Not to Say \_\_\_\_\_ Other \_\_\_\_\_

2. Candidate is: Family Member/Caregiver<sup>1</sup> \_\_\_\_\_ Individual<sup>2</sup> \_\_\_\_\_

Mental Health Provider \_\_\_\_\_ Other (please specify) \_\_\_\_\_

3. Candidate Identifies Ethnicity as (please check all that apply): Asian \_\_\_\_\_

Black/African American \_\_\_\_\_ Caucasian \_\_\_\_\_ Latinx/Hispanic \_\_\_\_\_

Native American \_\_\_\_\_ Pacific Islander \_\_\_\_\_ Prefer Not To Say \_\_\_\_\_

Other \_\_\_\_\_

<sup>1</sup> Parent, spouse, sibling, child, or significant other of someone experiencing the symptoms of mental illness.

<sup>2</sup> A person experiencing the symptoms of mental illness



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**Areas of Knowledge/Expertise/Influence:** Check all that apply:

- Business Management \_\_\_\_\_ Not-for-profit Management \_\_\_\_\_
- Medicine/Psychiatry \_\_\_\_\_ Psychology \_\_\_\_\_ Child/Adolescent Mental Health \_\_\_\_\_
- Personnel Administration \_\_\_\_\_ Social Work \_\_\_\_\_ Law Enforcement \_\_\_\_\_
- Marketing/Public Relations/Media \_\_\_\_\_ Politics/Legislation/Advocacy \_\_\_\_\_
- Accounting/Finance \_\_\_\_\_ Law \_\_\_\_\_ Fundraising \_\_\_\_\_
- Education, K-12 \_\_\_\_\_ Education, College/University \_\_\_\_\_
- Clergy/Lay Church Work \_\_\_\_\_ Community Development \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

**NAMI Experience:**

- Affiliate Board Member \_\_\_\_\_ Officer (please specify) \_\_\_\_\_
- Family to Family Teacher \_\_\_\_\_ F2F State Trainer \_\_\_\_\_
- Peer to Peer Teacher \_\_\_\_\_ P2P State Trainer \_\_\_\_\_
- NAMI Basics Teacher \_\_\_\_\_ Basics State Trainer \_\_\_\_\_
- Support Group Facilitator: NAMI Family \_\_\_\_\_ NAMI Connections \_\_\_\_\_
- Presenter: Parents and Teachers as Allies \_\_\_\_\_ In Our Own Voice \_\_\_\_\_
- Ending the Silence \_\_\_\_\_
- Other (please specify) \_\_\_\_\_



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**Please answer the following questions:**

1. What brought you to NAMI?

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2. Describe your involvement with your local NAMI affiliate and/or state organization.

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3. What volunteer/board experience have you had with other organizations? Describe.

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4. Describe the most valuable talent you will bring to the NAMI Charleston Area Board.

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5. Tell us anything about yourself that you feel may be relevant to serving the NAMI mission.

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