

BOARD MEMBER APPLICATION

Please Print

Name: _____ Number of years residing in Kentucky: _____

County of Residence: _____ Number of Years in County: _____

Home Address: _____

Home Phone: (_____) _____ Cell: (_____) _____

Preferred phone: ____ home / ____ cell Date of Birth: ____/____/____

Birth Place: _____ Email address: _____
City/State

Occupation: _____ Employer: _____

Employer Address: _____

Work Phone: (_____) _____ Work Email Address: _____

Contact you at work? ____ Yes ____ No

Educational Background: _____

Public Offices Held: _____

Membership/Service Organizations: _____

Membership in Civic/Social Organizations: _____

Personal Interests/Hobbies: _____

Please rank the following by priority 1, 2, 3, 4 (with 1 being highest and 4 being lowest):

Area of Interest by priority: _____ Mental Health _____ Mental Retardation/DD
_____ Alcoholism _____ Substance Abuse

Can you attend board meetings on the fourth Monday of each month at 6:00 p.m.? ____ Yes ____ No

Can you attend committee meetings on the fourth Monday of each month at 5:30 p.m.? ____ Yes ____ No

Have you served on our Board before? Yes ____ / No ____ If Yes, Years: _____

Is a member of your family employed by RiverValley? Yes ____ / No ____

If Yes: a) Employee's name: _____

b) Work Location: _____

IF AVAILABLE, PLEASE INCLUDE A RECENT RESUME WITH APPLICATION

**Return application to: RiverValley & Affiliates, Attn: CEO, PO Box 1637, Owensboro KY 42302
(or fax to: 270-689-6701)**

Official Use Only

Appointment Month/Year:
SS# needed at time of appointment: