BOARD OF DIRECTORS APPLICATION

Email application to: Figueroa-wanda@rvbh.com

Or Mail it to: RiverValley and Affiliates/Attn: Dr. Wanda Figueroa

PO Box 1637, Owensboro, KY 42302-1637

	Use Only eded at time of appointment:
IF AVAILABLE, PLEASE INCLUDE A RECENT RESUME WITH THIS FORM For Official Use Only	
Signature:	
Do you have any conflict of interest, such as immediate famil Board or doing business with RiverValley?	
Is a member of your family employed by RiverValley?	If Yes, indicate Employee's name and relationship:
Have you ever worked at RiverValley?	If Yes, indicate position and years of employment:
Have you served on our Board before?	If Yes, indicate years of service:
Can you attend Committee Meetings on the 4th Monday of ea	ach month at 5:30 p.m.?
Can you attend Board Meetings on the 4th Monday of each m	onth at 6:00 p.m.?
Program Interest: Check all that apply and write "1" to indicate the area of primary interest: Mental Health/Mental Illness Alcohol/Substance Use Developmental and Intellectual Disabilities	
Personal Interests or Hobbies:	
Membership in Service, Civic or Social Organizations:	
Public Offices Held:	
Educational Background/List Academic Degrees Completed:	
Contact you at Work?YesNo	Preferred Email for Notices: Work Home
Work E-mail Address:	Work Phone: ()
Employer Address:	City/Sate/Zip code:
Occupation:	Employer:
Home/Personal E-mail address:	
Home Phone: ()	Cell: ()
Home Address:	City/Sate/Zip code:
Name:	County of Residence: