

BOARD OF DIRECTORS APPLICATION

Email application to: Figuroa-wanda@rvbh.com
Or Mail it to: RiverValley and Affiliates/Attn: Dr. Wanda Figuroa
PO Box 1637, Owensboro, KY 42302-1637

Name: _____ County of Residence: _____
Home Address: _____ City/State/Zip code: _____
Home Phone: (_____) _____ Cell: (_____) _____
Home/Personal E-mail address: _____

Occupation: _____ Employer: _____
Employer Address: _____ City/State/Zip code: _____
Work E-mail Address: _____ Work Phone: (_____) _____
Contact you at Work? Yes No Preferred Email for Notices: Work Home

Educational Background/List Academic Degrees Completed:

Public Offices Held:

Membership in Service, Civic or Social Organizations:

Personal Interests or Hobbies:

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

Can you attend Board Meetings on the 4th Monday of each month at 6:00 p.m.? _____

Can you attend Committee Meetings on the 4th Monday of each month at 5:30 p.m.? _____

Have you served on our Board before? _____ If Yes, indicate years of service: _____

Have you ever worked at RiverValley? _____ If Yes, indicate position and years of employment: _____

Is a member of your family employed by RiverValley? _____ If Yes, indicate Employee's name and relationship: _____

Do you have any conflict of interest, such as immediate family members employed or contracted by, serving on the Board or doing business with RiverValley? _____

Signature: _____ Date: _____

IF AVAILABLE, PLEASE INCLUDE A RECENT RESUME WITH THIS FORM

For Official Use Only

Appointment Month/Year: _____ SSN needed at time of appointment: _____