**APPLICATION FOR BOARD APPOINTMENT**

Barton County Operations, 1400 Main – Room 107, Great Bend, Kansas 67530

620.793.1800

THE CENTER FOR COUNSELING AND CONSULTATION GOVERNING BOARD

Accepting applications until positions are filled.

*The Center reviews and makes recommendations on mental health services in Barton County and the surrounding area. Board members serve without compensation.*

TERM INFORMATION

\_\_\_\_\_\_\_\_\_\_\_ Two Full Terms – Expire December 31, 2025 – Uncompensated

PERSONAL INFORMATION

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATION – Level of Education – List any degrees or certifications

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EXPERIENCE – List qualifications and / or experience qualifying you to serve on this Board

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COMMUNITY SERVICE

1. Name, address, phone and contact email of organization

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Community service provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Served as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name, address, phone and contact email of organization

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Community service provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Served as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name, address, phone and contact email of organization

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Community service provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Served as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFERENCES - List four (4) references. Include one employer. Relatives may be included.

Name Relationship Cell Email Address

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OTHER INFORMATION

Are you related to anyone currently employed by the agency for which this Board serves? If yes, please list the name and position of the person(s) to whom you are related.

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Are you currently or have you previously worked for the agency for which this Board serves? If currently employed, please explain how you could serve as a Board member and remain in employment without having a conflict of interest. If a past employee, please explain how your relationship ended.

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ACKNOWLEDGEMENT

I understand that by submitting this application, I am certifying that the facts contained in this application are true and complete to the best of my knowledge. If appointed to the board, falsified statements on this application will be grounds for dismissal. I authorize investigation of all statements contained in this application as may be necessary, including an investigation of criminal background. I understand that Barton County is an Equal Opportunity Employer and that no individual will be rejected for any Board appointment because of race, color, religious creed, national origin, sex, age, handicap or marital status. This application for appointment must be an original, signed and dated to be valid. A completed PDF of this form will be accepted. Applications will only be accepted during open application periods.

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Signature Date