



Continuum Care Center Board Member Application

Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Which Position are you applying for? _____

Why are you interested in serving on the board of Continuum Care Center?

What strengths or experiences would you bring to the board?

(e.g., fundraising, nonprofit experience, lived experience, finance, legal, advocacy)

Are you able to commit to attending quarterly board meetings and participating in committee work?

☐ Yes ☐ No ☐ Maybe – please explain: _____

Are you an ally for the recovery community or have lived experiences with substance use?

☐ No ☐ Yes

Are you affiliated with any other organizations or have any potential conflicts of interest?

☐ No ☐ Yes – please describe: _____

Please attach a resume or brief bio (optional but encouraged).

At Continuum Care Center Board members are expected to commit to the role for a minimum of two years, with the opportunity to renew at that term's expiration. Board members are expected to attend a 60-minute in-person or virtual board meeting and in addition to serving on a standing on one of the committees, which occur outside of regular board meetings. Board members are expected to be timely and present at every meeting with a maximum of two absences from board meetings per year.

Signature: _____ **Date:** _____