



nami

National Alliance on Mental Illness

Whatcom

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Information and Application

NAMI Whatcom Board of Directors

Please complete the following application for consideration to the NAMI Whatcom Board of Directors. If you have questions, please contact the NAMI Whatcom office at (360) 671 - 4950 or via email at nami@healthsupportcenter.org.

Return completed applications with a letter of interest and resume to:

Attn: Board of Directors
NAMI Whatcom
PO Box 5571
Bellingham, WA 98227

Or send in an email to

kmeuthalldredge@namiwhatcom.org



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Thank you for considering service on NAMI Whatcom's Board of Directors.

The Mission of NAMI Whatcom is to provide support, education, and advocacy for all who may be affected by mental illness and to encourage the recovery of individuals living with mental illness.

As you consider this opportunity, familiarize yourself with these lists of individual and collective expectations:

As a Board Member, I will --

1. Determine and further NAMI Whatcom's mission, vision, values and purpose to the community
2. Attend all board meetings held the first Wednesday of every month from 6:30 – 7:30 PM
3. Make a personal financial contribution at a level that is meaningful to me
4. Actively participate in one or more fundraising activities
5. Actively participate in one or more standing committees
6. Take seriously the major legal responsibilities of serving on a board, *especially* the fiduciary role.
7. Stay informed about what is going on in the affiliate through asking questions and requesting information as needed.
8. Participate in and take responsibility for making decisions on issues, policies and other board matters.
9. Act in the best interests of NAMI Whatcom, and excuse myself from discussions and votes where I have a conflict of interest.
10. Work in good faith with staff and other board members as partners toward goal achievement.

The Board of Directors are responsible for guiding the affiliate in the following capacities--

Administrative

- Aids in the selection of the Executive Director and/or other staff, as necessary
- Supports the Board President's role as the Executive Director's primary supervisor

Governance

- Establishes and/or continues the legal or corporate existence of the affiliate
- Ensures that the affiliate meets legal requirements for the conduct of the affiliate business and affairs
- Adopts and revises bylaws and ensures that the affiliate operates within them
- Adopts policies which determine the purpose, governing principles, functions and activities and courses of action of the affiliate
- Assumes ultimate responsibility for internal policies which govern the affiliate
- Adopts short and long range plans of the affiliate

Fiduciary

- Approves and monitors the corporate finances of the affiliate
- Creates a financial climate for fulfilling the affiliate mission/purpose
- Authorizes and approves an audit (if needed)
- Responsible for oversight of all expenditures dealing with affiliate property



Development

- Makes annual financial contribution at a level consistent with financial ability to ensure 100% board participation in annual giving, affiliate membership, or related initiatives
- Ensures that sufficient funds are available for the affiliate to meet its objectives
- Actively recruits and introduces individuals and corporations to the affiliate, and supports cultivation of new and existing corporate, foundation, individual and planned gift donors or prospects
- Participates in fundraising activities of the organization including personal solicitation campaigns, special events, donor recognition, etc.

Public and Community Relations

- Understands and interprets work of affiliate to the community
- Relates the program of the affiliate to the work of other agencies, organizations and corporations, and focuses on progress in the community as a whole.

During monthly Board of Directors meetings, it is expected that members--

1. Prepare for the meeting by reading and reviewing necessary documents prior.
 - a. Board Officers will send out reports in advance of the meeting.
2. Come prepared to discuss the meeting agenda with input that will facilitate a productive discussion. When relevant, communicate completed action items from previous meetings.
3. Attend all board meetings. Absences should be communicated in advance with the Board Chair.
 - a. Attendance will be tracked in the meeting minutes.
 - b. Depending on the size of the board, a quorum of at least 51% of the board of directors must be present in order to conduct the business of the organization.
4. Start and stop meetings on time.
5. Keep on track with agenda discussion; other items/business can be discussed at the end of the meeting, if time allows.
6. Maintain a respectful environment where all opinions and input are welcomed. This includes; no interrupting or cross talk, no monopolizing, and no personal attacks.
7. Maintain confidentiality – nothing leaves the Board meeting.



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Application for appointment on the *NAMI Whatcom Board of Directors*

Date: _____

Full Name: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Background Information

1. Are you a NAMI Whatcom Member? Yes No
2. If 'yes', how long have you been a NAMI Whatcom member? _____
3. If not a NAMI Whatcom member, are you willing to become a member? Yes No
4. What is your connection to Mental Illness?

Family Member of someone living with a mental illness

Friend of someone living with a mental illness

Student in Psychology or related field

Individual living with a mental illness

Mental Health Professional

Other: _____

5. Are you Familiar with NAMI Whatcom and its programs? Yes No

6. Briefly, what is your connection to NAMI?

7. Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, and social).

**In lieu of answering questions 7-9, feel free to refer to your résumé.*

Organization

Role/Title

Dates of Service

8. Education/Training/Certificates

9. Optional – Have you received any awards or honors that you would like to mention?

10. How long have you lived in the Whatcom County area? How would you describe your knowledge of the programs and services available in the Whatcom County area?

11. Skills, experience and interests

- | | |
|--|--|
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Personnel/Human Resources |
| <input type="checkbox"/> Administration/Management | <input type="checkbox"/> Nonprofit Experience |
| <input type="checkbox"/> Community service | <input type="checkbox"/> Policy Development |
| <input type="checkbox"/> Program Evaluation | <input type="checkbox"/> Public Relations/Communications |
| <input type="checkbox"/> Education/Instruction | <input type="checkbox"/> Legal Expertise |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Outreach/Advocacy | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Legislative Contacts | <input type="checkbox"/> Other(s): _____ |

12. Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of NAMI Whatcom.



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13. Briefly, how do you feel NAMI Whatcom would benefit from your involvement on the Board?

14. The NAMI Whatcom Board involves active participation by board members on standing committees. Please indicate which committees* you would be interested in serving on:

**Note: Committees are created to fulfill affiliate needs, and may be subject to change. Other committees may exist that are not listed below.*

- Fund Development Committee
- Financial Oversight Committee
- Events Committee
- NAMI Whatcom Executive Committee

Please outline what skills you would bring to your selected committee(s).

15. Please include a letter of interest.



References

Please provide contact information for at least 2 individuals to serve as references. Remember to inform these individuals that they will receive a call from us.

1. Reference 1

- a. Name: _____
- b. Phone Number: _____
- c. Email Address: _____
- d. Relationship: _____

2. Reference 2

- a. Name: _____
- b. Phone Number: _____
- c. Email Address: _____
- d. Relationship: _____

3. Reference 1

- a. Name: _____
- b. Phone Number: _____
- c. Email Address: _____
- d. Relationship: _____

Please find included with this application:

- A letter of interest*
- A resume of relevant experience*
- A signed Conflict of Interest Disclosure Statement*
- A signed Code of Ethics Statement*
- A completed Authorization for a Background Check*

Applicant Signature: _____

Date: _____

Completed applications and supporting documents can be sent to:
ATTN: Board of Directors NAMI Whatcom PO Box 5571 Bellingham, WA 98227
or by email to kmeuthalldredge@namiwhatcom.org.



NAMI Whatcom Conflict-of-Interest Disclosure Statement

*Conflicts can arise from many ordinary and appropriate activities; the existence of a conflict does not imply wrong doing on anyone's part. But when conflicts do arise, **they must be recognized and disclosed**, and then eliminated or appropriately managed. Some relationships may create an appearance of conflict; those too, are important to eliminate or manage so that we may **maintain public confidence in the integrity of our activities**.*

Areas in which Conflict May Arise

Conflicts of interest may arise in the relations of directors, officers, and management employees with any of the following third parties:

- Persons and firms supplying goods and services to NAMI
- Persons and firms from whom NAMI leases property and equipment
- Persons and firms with whom NAMI is dealing or planning to deal in connection with the gift, purchase or sale of real estate, securities, or other property
- Competing or affinity organizations
- Donors and others supporting NAMI
- Agencies, organizations, and associations that affect the operations of NAMI
- Family members, friends, and other employees

Nature of Conflicting Interest

A material conflicting interest may be defined as an interest, direct or indirect, with any persons and firms mentioned above. Such an interest might arise through:

- Owning stock or holding debt or other proprietary interests in any third party dealing with NAMI
- Holding office, serving on the board, participating in management, or being otherwise employed (or formerly employed) in any third party dealing with NAMI.
- Receiving remuneration for services with respect to individual transactions involving NAMI
- Using NAMI's time, personnel, equipment, supplies, or good will for other than NAMI approved activities, programs, and purposes
- Receiving personal gifts or loans from third parties dealing with NAMI. Receipt of any gift is disapproved except gifts of nominal value that could not be refused without discourtesy. No personal gift of money should ever be accepted.



NAMI Whatcom Conflict-of-Interest Disclosure Statement

Please initial and complete item A or B.

A. I am not aware of any relationship or interest or situation involving my family or myself that might result in, or give the appearance of being, a conflict of interest between such family member or me on one hand and NAMI on the other. **Initials:** _____ **Date:** _____

B. The following are relationships, interests, or situations involving me or a member of my family that I might consider resulting in or appearing to be an actual, apparent or potential conflict of interest between such family members or myself on one hand and NAMI on the other:

For-profit corporate directorships, positions, and employment:

Nonprofit trusteeships of positions:

Memberships in the following organizations:

Contracts, business activities, and investments with or in the following organizations:

Other relationships and activities:

My primary business or occupation at this time:

Initials: _____ **Date:** _____

I, _____, have read and understand NAMI Whatcom’s conflict-of-interest policy and agree to be bound by it. I will promptly inform the board chair of NAMI of any material change that develops in the information contained in the foregoing statement.

Name (Print): _____ **Signature:** _____ **Date:** _____

NAMI Whatcom Code of Ethics Statement

Statement of Commitment

In establishing policy for and on behalf of NAMI Whatcom's members, I understand I am a custodian in trust of the assets of the organization. The members recognize the need for competent and committed elected board members to serve the organization and have put their trust in my sincerity and abilities. In return, the members deserve my utmost effort, dedication, and support.

Therefore, as a board member/director of NAMI Whatcom, I acknowledge and commit that I will observe the highest standard of ethics and conduct as I devote my best efforts, skills and resources in the interest of NAMI Whatcom and its members. I will perform my duties as board member/director in such a manner that members' confidence and trust in the integrity, objectivity and impartiality of NAMI Whatcom are conserved and enhanced. To do otherwise would be a breach of the trust which the membership has bestowed upon me.

Initials: _____ **Date:** _____

Representing the Organization

As part of my duties as a board member, I represent the organization informally and formally to other associations, societies, government officials, and business representatives. I recognize that it is important that I represent the organization in such a way as to leave others with a positive impression of the organization. In my duties I will preserve and enhance the good reputation of the organization and will avoid behavior which might damage its image.

Initials: _____ **Date:** _____

Interpretation

The president of the organization shall ensure that the practice of this policy will be fair, just, and equitable in all situations of interpretation and application.

Initials: _____ **Date:** _____

Guiding Principles *NAMI Whatcom strongly believes that its board members must uphold the highest standards of ethical, professional behavior to --*

- Hold paramount the safety, health, and welfare of the public in the performance of professional duties.
- Act in such a manner as to uphold and enhance personal and professional honor, integrity, and dignity of the profession.
- Treat with respect and consideration all persons, regardless of race, religion, gender, abilities, age, or national origins.
- Engage in carrying out NAMI's mission in a professional manner.
- Collaborate with and support other professionals in carrying out NAMI's mission
- Build professional reputations on the merit of services and refrain from competing unfairly with others.

Initials: _____ **Date:** _____

NAMI Whatcom Code of Ethics Statement

Board Member Standards *Board members are expected to --*

- Become familiar with and committed to the major responsibilities and expectations of a governing board
- Support NAMI's fundraising efforts through personal giving in accordance with one's means (to both annual funds and capital drives), and to be willing to share in the solicitation of others.
- Devote time to learn how NAMI Whatcom functions including, but not limited to; programs and services, organization strengths, organization needs, organization uniqueness and NAMI Whatcom's place in the industry.
- Carefully prepare for, regularly attend, and actively participate in board meetings and committee assignments.
- Accept and abide by the legal and fiscal responsibilities of the board as specified by institutional charter, bylaws, and state statutes and regulations.
- Vote according to one's individual conviction, challenge the judgment of others when necessary.
- Maintain a willingness to support the decision of the board and work with fellow board members in a spirit of cooperation.
- Recognize that the board chair alone speaks for the board.
- Maintain the confidential nature of board deliberations
- Avoid acting as spokesperson for the entire board unless specifically authorized to do so.
- Understand the role of the board as a policy-making body and to avoid participation in administration policy.
- Learn and consistently use designated institutional channels when conducting board business (e.g., responding to staff and volunteer grievances, responding to inquiries concerning the status of a chief executive search, etc.)
- Comply with conflict-of-interest policy and disclosure developed by the board.
- Refrain from actions and involvement that might prove embarrassing to the institution and to resign if such actions or involvement develop.
- Make judgments always on the basis of what is best for the organization as a whole.

Initials: _____

Date: _____

NAMI Whatcom Code of Ethics Statement

Delegation and Penalties

Should the president be the subject of a written complaint, the vice president shall perform the duties normally assigned to the president in this matter.

Penalties imposed for breach of the code of ethics may include, but are not limited to, the following:

- Excluding the director from portions of all future meetings and discussions which relate to the stated conflict of interest, and/or
- Censure of the director, in private, in public, or both
- Removal of the director from office by a resolution passed by a vote of two-thirds of the NAMI Whatcom's membership.
 - Through voting at an annual or special general meeting of the not-for-profit organization's members, provided that notice of such a proposed resolution is given with the notice calling the meeting.

Initials: _____ **Date:** _____

I, _____, have read and understand NAMI Whatcom's code of ethics statement and agree to be bound by it.

Name (Print): _____ **Signature:** _____ **Date:** _____

Authorization for Background Check

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process. Results from this report will be available at the request of the applicant within 10 days of signing this form. Please contact the NAMI Whatcom office if you wish to have a copy of these records.

Name: _____ Date of Birth: ____ / ____ / ____

Have you been convicted of any crime? Yes No

If yes, fill in the blanks below.

(Please disclose any felony and gross misdemeanor crimes, the degree of the crime and state/location of conviction.)

I, _____, hereby authorize NAMI of Whatcom County to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that NAMI if Whatcom County will utilize an outside firm or firms to assist in the checking such information, and I specifically authorize such an investigating by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case no investigation will be performed and my application for volunteering or employment will not be processed further.

Name (Print): _____ Signature: _____ Date: _____