

## Board Member Application/Background Information

***The mission of Foundation 2 is to be a trusted compassionate resource for people in crisis offering counseling, safety, and support during difficult times.***

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| **Name:** |
| **Work Address: Home Address:**  Preferred mailing address  Preferred mailing address |
| **Work Phone Number: Home Phone Number:**  Preferred phone number  Preferred phone number |
| **E-mail Address: Fax Number:** |

**Current Occupation/Name of Employer:**

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**Current or previous board experience:**

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**Listed below are program areas of focus for Foundation 2, Inc.**

* Crisis Phone & Walk-in Counseling
* Crisis Chat/Text
* Suicide Prevention, Intervention & Response
* Mobile Crisis Outreach
* Emergency Youth Shelter & Alternatives

* Case Management Services, for youth aging out of foster care
* Therapy & Counseling, for individuals and families
* Depression & Anxiety Support Group, Suicide Survivors Support Group

**What interests you in serving on the Foundation 2 Board?**

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**What skills or expertise will you bring to the Foundation 2 Board?**

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**What other community interactions do you have that may connect with Foundation 2?**

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**The Foundation 2 Board of Directors meets on the third Wednesday of each month over the lunch hour (12-1). Will you be able to attend the monthly meetings?**

Yes No

**Board members serve on at least one committee; committee meeting times vary based on the availability of members. The current committees of the Foundation 2 boards are listed below. Please indicate your preference:** Finance

Board Development

Personnel

Community Development