



BOARD MEMBER APPLICATION

On behalf of the Michigan Certification Board of Addiction Professionals (MCBAP), thank you for your interest in board service. We know that there is an array of organizations engaged in this important work that you could choose from. We are humbled knowing that you are interested in us.

The goal of the following application is to give us an opportunity to know more about you, your skills, attributes and what you would bring to our board. It also gives you a sense of what attributes our board values.

Thank you again for your interest in our work and for taking the time to complete this application with thought and care. We look forward to reviewing it with that same level of attention and to continuing our conversations.

PERSONAL INFORMATION

- Name: _____
- Licensure(s) & Certification(s): _____
- Address: _____
- Preferred Contact Number: _____
- Preferred Email Address: _____
- Preferred Method of Contact (please indicate)
() Email () Mobile () Work () Other
- Employer: _____
- PIHP (Prepaid Inpatient Health Plan) Region (if known) : _____
- Type of Business/Organization: _____

LEADERSHIP & VOLUNTEER EXPERIENCE

Past & Present Membership:

- Boards, committees, task forces in the public sector (business, civic, community, religious, political, professional, recreational, or social)

Organization	Role/Title	Approximate Dates of Service



Michigan Certification Board for Addiction Professionals
 616 S. Creyts Rd. Suite A, Lansing, MI 48917
 (517) 347-0891
 www.mcbap.com

WHY?

Those committed to volunteering in a leadership capacity have an abundance of organizations to choose from. We are most appreciative of your interest in our organization and would like to hear more from you. Please share your motivation and what it is about our work that has led you to apply for a position on our board.

SKILLS /EXPERTISE

Please mark the skills and expertise you will bring to us that will strengthen our board and enhance the ability of our organization to deliver on its mission. Add any additional skills/expertise in the empty boxes.

Reading/Understanding budgets and balance sheets	Legislative/ Public Policy Advocacy	Legal Expertise	Public Speaking/Advocacy
Human Resources	Strategic Planning	Fundraising	Grant Writing
Information Technology	Professional Non-Profit Experience	Marketing/ Social Media/	Policy Development
By-Laws	Finance	Media Design/ Web Design	Board Development



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TIME COMMITMENT

Board of Director meetings are held (at minimum) quarterly, generally lasting 2 hours. At least one per year are in-person. The other meetings are, generally, virtual. In addition, board members generally participate in 1-2 sub-committees which are held virtually, most of the time.

Do you have any concerns or potential conflicts of interest that may serve as impediments to this time commitment? Please list those below:

REFERENCES

Please identify two professional references that we can contact:

Name	Relationship	Best Contact (Phone or Email)

RESUME/CV

Please attach your most recent resume, CV, or professional bio.

Lastly, thank you for your consideration and time for the Board Member application & questionnaire for Michigan Certification Board of Addiction Professionals (MCBAP). Your responses and insight are key to making this organization thrive.