

ACCBCSM
Addiction Counselor Certification
Board of California

BOARD OF DIRECTORS
Candidate Application

Name _____

Home Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone _____ **Work Phone** _____

Email Address _____

Current Occupation _____

Areas of Expertise (please check all that apply)

____ Business/Corporate

____ Human Resources

____ Education

____ Legal

____ Financial Management

____ Public Relations/Marketing

____ Fundraising

____ Non-Profit management

____ Government

____ Philanthropic community

____ Public Speaking

____ Mental Health treatment

____ Addiction Treatment

Other areas of expertise/skills: _____

How did you learn of the ACCBC? _____

Current Relationship to the ACCBC? _____

History of Community / Volunteer Services (if any)

Membership in Civic/Professional Associations (if any) _____

Prior Board Experiences (in any) _____

Special Interests/Hobbies _____

What areas of the ACCBC are of interest to you? _____

How will being an ACCBC Board member be good for you personally?

From our experience, Board Members spend a minimum of 10 hours per month on ACCBC work. Depending on your level of involvement and commitment, this time might increase. Do you see this as a problem? _____

Date of availability for Board Service _____

Please supply two references: At least one should be from someone with whom you have worked in an employment capacity or as part of a group. (Note references will not be contacted until after meeting with Board Chair/Executive Director)

1. Name: _____

Address: _____

Telephone #(s): _____

2. Name: _____

Address: _____

Telephone #(s): _____

Please allow my name to stand for nomination to the Addiction Counselor Certification Board of California Board of Directors. I am willing to commit my time, energy and passion to the ACCBC organization.

_____ Signature

_____ Date