420 East Sarnia Street
Winona, MN 55987

P: (507) 454-4341
(800) 657-6777
F: (507) 453-6267

info@hvmhc.org
www.hvmhc.org

Hiawatha Valley
MENTAL HEALTH CENTER

BOARD OF DIRECTORS
CANDIDATE QUESTIONNAIRE

DIRECTIONS: Please complete this questionnaire which will be used in considering your appointment to the Hiawatha Valley Mental Health Center Board.

Name:
_____
Please Print

Address:
_____

Occupation: _____ (circle: active or retired)

Home Phone: ( ) _____ Business Phone: ( ) _____

Please check the education or skills you could bring to our board:

☐ accounting	☐ management	☐ fundraising/donor development
☐ investment	☐ marketing	☐ knowledge of services
☐ public relations	☐ education	☐ public speaking
☐ community relations	☐ planning	☐ lobbying

☐ other (please specify)
_____

On what other boards have you served and/or are serving? (Be specific with years of service)

What charitable or community activities have you been part of? (Be specific with years of participation)

Hiawatha Valley
MENTAL HEALTH CENTER

420 East Sarnia Street
Winona, MN 55987

P: (507) 454-4341
(800) 657-6777
F: (507) 453-6267

info@hvmhc.org
www.hvmhc.org

Other memberships, achievements or award you have received or are/have been a part of?

Could you regularly attend monthly board meetings? ☐ Yes ☐ No If no, conflicts? _____

*Board meetings are held the first Monday of every month in late afternoon/early evening in Winona, MN.

How many hours per month, in addition to meetings, could you serve this organization?
Committees _____

Would you attend a training session for new board members? ☐ Yes ☐ No

Are you comfortable/willing to solicit donations from others to support HVMHC? ☐ Yes ☐ No
*If yes, please describe your experience in doing so if you have?

What is your interest in Hiawatha Valley Mental Health Center?

420 East Sarnia Street
Winona, MN 55987

P: (507) 454-4341
(800) 657-6777
F: (507) 453-6267

info@hvmhc.org
www.hvmhc.org

Please write a brief statement of your understanding of Hiawatha Valley Mental Health Center's mission.

Please write a short description of why you want to be on the Hiawatha Valley Mental Health Center's Board of Directors.

_____

Signature Date