



Peer Support Alliance of North Dakota Board of Directors Interest Form and Application

[Email completed application to: info@peersupportnd.com](mailto:info@peersupportnd.com)

Applicant Contact Information

Date of Application:

Full Name:

Address:

Telephone:

Email:

Applicant Details

Current employer, if applicable:

Position held/Title:

Address of employer:

Phone:

Email:

How will your current employment benefit or influence you in your role as a Director for PSAND?

List any boards or committees you currently serve on or have served on, stating the organization name, your role/title, and dates of service:

Do you identify any conflicts of interest between your employment and/or other committee or board roles and your role on the PSAND Board of Directors? yes no

Explain:

List any applicable education/training completed and licensure/certificates held.

Please check any of the following skill sets and experience that apply:

I am an individual with lived experience of a substance use, brain-injury, or mental health-related concern.

I am an individual who has a family member who has lived experience of a substance use, brain-injury, or mental health-related concern.

I am a Certified Peer Support Specialist.

I have other brain injury, substance use, or mental health-related professional experience. Please describe:

I have previous or current experience on a governing board or working with a nonprofit. Please describe:

I have experience/expertise in the following additional areas:

Recovery/Resilience/Wellbeing promotion--Please describe:

Administration/Management--Please describe:

Human Resources/Personnel Management--Please describe:

Marketing--Please describe:

Strategic Planning--Please describe:

Education/Training—Please describe:

PR/Community Relations--Please describe:

- Law/Legal Background--Please describe:

- Fundraising--Please describe:

- Grant Writing and Administration--Please describe:

- Governance and Compliance--Please describe:

- Mental Health Policy--Please describe:

- Volunteer Experience--Please describe:

- Other--Please describe:

Additional Applicant Information

Please describe your understanding of what peer support is and how it can apply to mental health and wellbeing.

Please indicate any specific areas of interest, if any, you might have related to peer support:

- | | |
|-------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> General Mental Health | <input type="checkbox"/> New American/Foreign Born Immigrant |
| <input type="checkbox"/> Serious Mental Illness | <input type="checkbox"/> Brain Injury |
| <input type="checkbox"/> Substance Use | <input type="checkbox"/> Criminal Justice/Justice-involved Persons |
| <input type="checkbox"/> Suicide Prevention | <input type="checkbox"/> Other: (Specify) _____ |
| <input type="checkbox"/> Veterans | <input type="checkbox"/> No specific area of interest |
| <input type="checkbox"/> Families | |
| <input type="checkbox"/> Youth | |
| <input type="checkbox"/> LGBTQ+ | |

What is your understanding of the purpose and mission of PSAND?

How do you believe PSAND would benefit from your involvement with its Board of Directors?

How might you benefit from service on the PSAND Board of Directors?

Please list any groups, organizations, or businesses for which you could serve as a liaison on behalf of PSAND.

Please tell us anything else you'd like to share.

If not selected as a Board Member, may we contact you in the future regarding a possible position on the PSAND Advisory Board or another committee?

Director Qualifications

1. A passion for the mission of PSAND as a nonprofit organization that supports, develops, and promotes the peer support profession in North Dakota, and advocates for those who work as peer supporters.
2. An understanding of the profession of peer support and its role in mental health, resilience, and individual wellbeing.
3. A broad acceptance of the idea of many pathways to personal wellness and healing, and a willingness to serve all individuals regardless of their individual differences.
4. Willingness to commit time to prepare for and attend regular Board meetings, committee meetings and planning sessions, and to review reports and meeting minutes.
5. Knowledge of the organization's values, goals, functions, and offerings.
6. Willingness to act as an ambassador for the organization in the community and demonstrate a positive image of the organization that will attract community support.
7. Ability to engage in critical thought and be committed to a vibrant future for the organization.
8. Ability to listen well and be thoughtful in considering issues.
9. Willingness to get to know other Directors and build a collegial working relationship that contributes to consensus.
10. Active participation regular and ongoing Board of Director's evaluation and strategic planning efforts.
11. Understanding of financial reports and willingness to ask questions prior to any Board action being taken.
12. Ability and willingness to provide strategic leadership, particularly in areas pertinent to one's skill set.
13. Attention to the financial viability and sustainability of the organization, and contribution to endeavors to maintain these.
14. Understanding of organizational policy needs and willingness to participate in policy development.
15. Participation in fund raising activities approved and developed by the Board.
16. Willingness to participate in standing and/or ad hoc committees.

For Committee Use Only

How we connected with this applicant:

- Recommendation by a current Board member
- Recommendation by staff member
- Recommendation by community member
- Informal recruitment
- External/public advertisement and formal recruitment
- Other

1. Application has been reviewed by the Nominating Committee.
Date:
2. Applicant has been interviewed the Nominating Committee.
Date:
3. Applicant has been advanced to Board consideration and vote.
Date:
4. Action Taken by the Board:
Date: