

# Yolo Community Care Continuum Nomination Application for Board of Directors

Full disclosure of information is requested for consideration. Information on page one is kept confidential. Information on page two is considered public information. Any additional information you wish to attach is welcomed.

To apply: Submit your Nomination Application form or for questions please contact Amber Salazar, Executive Director, at [asalazar@y3c.org](mailto:asalazar@y3c.org) or by phone at (530)758-2160.

## Information on this page is kept confidential

Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_

### Employment Status

Private     Public     Retired     Student     Unemployed     Volunteer

### Experience/ Occupation

Accounting     Administration/Management     Retail     Law  
 Marketing     Fundraising     Real Estate     Education  
 Consumer Advocacy     Community Leadership     Self Advocacy     Public Relations  
 Provider of Mental Health Services     Personal Experience in Mental Health Systems  
 Other:

### Relationship to YCCC

Consumer     Family Member     Former Employee     None

### Prior YCCC Board Membership / Dates of service:

### Other Board Membership:

List of agencies and offices held:

Why are you interested in being on the YCCC Board of Directors?

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Please describe the contributions to YCCC you believe you can make.

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Information on this page is made public

Name: \_\_\_\_\_

City: \_\_\_\_\_ Occupation: \_\_\_\_\_

Professional Memberships: \_\_\_\_\_

Special Skill / Training: \_\_\_\_\_

Civic community activities / memberships: \_\_\_\_\_

Committee experience: \_\_\_\_\_

Recommendation for Board membership made by: \_\_\_\_\_

## For YCCC use only

Resume Enclosed

Application complete

Full Board approval complete

Interview complete

Orientation complete