



NAMI Farmington Valley Board of Directors Information & Application

NAMI (National Alliance on Mental Illness) is a nonprofit grassroots organization working at the national, state, and local community levels to improve the lives of people with mental illness and their families.

NAMI Farmington Valley, CT, an affiliate of NAMI and NAMI-CT, was founded in June 2004 to respond to the mental health needs of the greater Farmington Valley community. NAMI Farmington Valley serves the following Connecticut towns: Avon, Berlin, Bloomfield, Bristol, Burlington, Canton, East Granby, Farmington, Granby, New Britain, New Hartford, Newington, Plainville, Rocky Hill, Simsbury, Southington, Suffield, West Hartford, Wethersfield, Windsor, and Windsor Locks.

NAMI Farmington Valley Mission:

Support people with mental health conditions and their children, friends, and families. Educate and inform people with mental health conditions and their families about services and treatment available in the community. Eliminate stigma by developing public understanding of the challenges of living with a severe mental health condition. Advocate for better services and treatment and protection of rights and research.

NAMI Farmington Valley Board Meetings:

Board of Director meetings are virtual on the third Thursday of each month at 7 PM, except for the annual meeting that occurs between May 15th and June 30th and is scheduled at least three months prior.

Duties and Responsibilities of Board Members:

- Participate in affiliate board meetings to promote NAMI's mission.
- Participate in at least one subcommittee or ad hoc committee each fiscal year.
- Regular attendance at board and subcommittee meetings is crucial for the board's success, and it is the board member's responsibility to notify the president or subcommittee chairperson by phone or email if they are unable to attend a meeting prior to the scheduled meeting.
- Volunteer for roles and responsibilities necessary to meet the affiliate's objectives.
- Always conduct oneself professionally inside and outside of affiliate events.

Please send your completed application to lejopeck@gmail.com by Monday, April 6, 2026.

NAMI Farmington Valley Board of Directors Application

Date: _____

Name: _____

Address: _____

Cell phone: _____ Home phone: _____ Email address: _____

Employer Name & Address: _____

Occupation: _____

Does serving on this board cause a potential conflict of interest with your employer? YES NO
If yes, are you willing to request permission from your employer to serve on this board? YES NO

A NAMI membership is required to serve on the board. Are you presently a member? YES NO
If not, are you willing to become a member by May, before the June annual meeting? YES NO

How did you hear about us? _____

Why do you want to serve on the NAMI Farmington Valley Board of Directors? Please be as detailed as possible. _____

Have you served on any boards or commissions? If yes, please provide the name, dates served, and role.

Are you a member of any local civic groups or volunteer groups? If yes, please provide the name, dates, and role. _____

What qualifications or strengths do you possess that would be an asset to the board?

Please provide one professional character reference that is not family or a friend:

Name and Phone _____

Please check any additional trainings or roles that you may be interested in
(you may check more than one box):

- | | |
|---|--|
| <input type="checkbox"/> Subcommittee Chairperson | <input type="checkbox"/> Public policy committee liaison |
| <input type="checkbox"/> Support group facilitator (requires training) | <input type="checkbox"/> NAMI Smarts for Advocacy class |
| <input type="checkbox"/> Family to Family facilitator (requires training) | <input type="checkbox"/> NAMI Walks committee liaison |
| <input type="checkbox"/> Ending the Silence presenter (requires training) | |
| <input type="checkbox"/> In our own voice speaker (requires training) | |
| <input type="checkbox"/> Peer to Peer facilitator (requires training) | |

I have read and agree with the objectives/responsibilities of a NAMI Farmington Valley Board Member. I understand that as part of the application process, I may be subject to a personal interview by the nominating committee.

Signature: _____ Date: _____