



MENTAL HEALTH ASSOCIATION OF SAN FRANCISCO
870 MARKET STREET, SUITE 928
SAN FRANCISCO, CA 94102
PH: (415) 421-2926 | FAX: (415) 421-2928
www.mentalhealthsf.org

MHASF Board of Directors Board Member Job Description & Application Instructions

Position

Board Member

Authority and Responsibility

The Board of Directors is empowered by the state to govern the Mental Health Association of San Francisco as a nonprofit public benefit corporation on behalf of the people of California.

Commitment to the Purposes and Goals of MHASF

Board members share a commitment to promote mental health and wellness within the community, advance services and resources to counter mental health challenges and public stigma, and to support the values and mission of MHASF in all its efforts both public and private.

Board Composition and Term of Service

The MHASF Board of Directors is developed to include a diversity of professional and personal skills and assets relevant to the organization's success. MHASF strongly encourages interest from individuals with personal lived experience of mental health conditions and those who identify as consumers of mental health services in San Francisco.

A term of office is two (2) years, with a limit of three (3) terms or six (6) consecutive years.

Individual Responsibilities

Board Members commit to do the following when accepting an appointment to the Board of Directors:

- Attend, at minimum, two-thirds (66%) of bi-monthly General Board Meetings
- Serve on at least one Board committee
- Support and participate in fundraising and special events
- Participate in solicitation of donations by corporations, foundations, and individuals
- Increase MHASF's earned income through promotion of the MHASF Membership program
- Contribute or procure monetary or in-kind gifts in financial support of MHASF, at the \$500+ level or according to ability to give
- Be well-informed about the association's programs, policies, and services
- Maintain a high degree of familiarity with the issues, concerns, and trends in the field
- Demonstrate commitment to the work of the organization

The mission of the Mental Health Association of San Francisco is to cultivate peer leadership, build community, and advance social justice in mental health.

Shared Responsibilities

The Board as a whole is accountable for the following:

- Set policy for the organization
- Approve the hiring and evaluation of the Executive Director and the Executive Director's employment contract
- Assure MHASF's compliance with all applicable local, state, and federal laws
- Develop and execute MHASF's strategic planning process and activities
- Review bylaws and policies, approve changes, and prepare necessary amendments
- Develop and maintain positive relations among the Board, committees, staff members, and community to enhance MHASF's mission
- Ensure the future governance of MHASF through recruitment of new Board members
- Authorize the person keeping the association's books of account
- Evaluate the performance of the Board as a whole, as well as each individual member of the Board, relative to this job description

Evaluation

A Board Member's performance is evaluated annually, through a self-evaluation process, based on performance of assigned individual and shared responsibilities.

TO APPLY

An application to the MHASF Board of Directors must include:

- 1) A completed Board Member **application form** (see attached)
- 2) A **cover letter** describing your interest in serving on the MHASF Board of Directors and addressing the following questions:
 - a. What in your life has inspired or motivated you to connect with the mission of MHASF?
 - b. What would you say are the most important things our community could do to support the recovery of people with mental health conditions and advance social justice related to mental health?

Send your application form and cover letter to the MHASF Board Liaison through one of the following methods:

Email – careers@mentalhealthsf.org

Fax – (415) 421-2928

We thank you for your interest, and look forward to hearing from you soon!



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**Board of Directors Application Form
Personal and Professional Profile**

Applicant Name: _____ **Date:** _____

CONTACT INFORMATION

Primary Phone: _____ **Email:** _____

Home Address: _____

Work Address: _____

Mailing Preference: Home Work

PROFESSION

Profession or industry: _____

Job Title: _____ **Length of time in position:** _____

Please briefly describe your work:

EDUCATION

Degree earned: _____ **Institution:** _____

Degree earned: _____ **Institution:** _____

Degree earned: _____ **Institution:** _____

MEMBERSHIPS, AFFILIATIONS & VOLUNTEER WORK

POLITICAL OFFICES & CIVIC APPOINTMENTS HELD

OTHER ACCOMPLISHMENTS & HONORS

KNOWLEDGE & SKILLS

Use the checkboxes below to indicate the areas in which you would like to use your knowledge and skills to support the work and growth of MHASF:

Mental Health Issues – Public Education
Mental Health Issues – Policy & Advocacy
Mental Health Issues – Adults
Mental Health Issues – Children & TAY
Self-Help & Peer Support Groups
Housing/Homelessness
Finance
Law
Insurance/Risk Management
Corporate & Foundation Relations
Marketing/Public Relations

Fundraising
Grant Writing
Business Management
Nonprofit Management
Human Resources
Education
Public Policy
Event Planning
Public Speaking
Other:

COMMITTEE INTEREST

Please select at least one of the following:

- Internal
- External
- Finance
- Public Policy
- Fundraising
- Nominations

BOARD COMPOSITION & REPRESENTATION (Optional)

To ensure that we are representing the diverse communities of San Francisco, we appreciate you providing us with the demographic information requested below.

Self-Identification (select all that apply):

- Person with lived experience of mental health and/or substance use recovery
- Family member of someone with a mental health condition
- Community advocate or activist
- Service provider
- Other:

Race: _____ **Ethnicity:** _____

Gender: _____ **Sexual Orientation:** _____

Age: _____ **Annual Income:** _____ **Do you identify as having a disability?** _____

Type(s) of disability: _____

REFERENCES

Please include three (3) references we may contact about your candidacy.

Name: _____ **Title:** _____

Employer/Company: _____ **Phone:** _____

Name: _____ **Title:** _____

Employer/Company: _____ **Phone:** _____

Name: _____ **Title:** _____

Employer/Company: _____ **Phone:** _____