



Neosho County, Kansas

**APPLICATION FORM FOR APPOINTMENT TO
SOUTHEAST KANSAS MENTAL HEALTH CENTER GOVERNING BOARD**

APPLICATION DATE: ____ / ____ / ____
MM DDD YYYY

APPLICANT NAME: _____

HOME ADDRESS: _____

BUSINESS ADDRESS: _____

AREA OF EXPERTISE AND/OR EDUCATION: _____

*****Please attach your resume to this application*****

Southeast Kansas Mental Health Center Board of Trustee Requirements

- Board member must be a resident of Neosho County, KS.
- Board members are appointed for a three (3) year term.
- Current meeting schedule is the third Monday of January, March, May, July, September, and November starting at 7:00 p.m.
- Board members are required to sign an annual conflict of interest statement and code of ethics agreement.

APPLICATION MUST BE RECEIVED BY NOVEMBER 18, 2024

SIGNATURE: _____

MAIL OR E-MAIL THIS FORM TO

**Heather Elsworth, Neosho County Clerk | PO Box 138 | Erie KS 66733
or email: nococlerk@neoshocountyks.org**

FOR MORE INFORMATION

**Contact Nathan Fawson, SEKMHC Chief Executive Officer
620-365-8641**