

Central Florida Behavioral Health Network, Inc.
Application for Nomination to the Board of Directors

You have been nominated for or have expressed interest in nomination for election to the CFBHN Board of Directors. CFBHN is a not-for-profit organization of mental health, substance abuse and prevention agencies, throughout the Suncoast Region and Circuit 10, incorporated to ensure and enhance an array of behavioral health and other human service needs for the citizens of the communities we serve. Each Member is committed to providing the highest quality behavioral health services possible and we appreciate that you want to lend your time and experience to this endeavor.

Name: April Lott	Occupation/Title: President & CEO
Business Address: 1437 S. Belcher Road	
City: Clearwater	County: Pinellas Zip Code: 33764
Business Phone: 407-592-5574	Email Address: alott@directionsforliving.org
Professional Affiliations – List current associations with community, professional or faith-based organizations that provide mental health and/or substance abuse service delivery.	
<i>Name of Organization</i>	<i>Position Held</i>
Pinellas County Homeless Leadership Board Provider Council	Chair
Florida Council on Community Mental Health	Board Member
Florida Coalition for Children's Foundation	Board Member
Florida Child Abuse Death Review Committee	Board Member
List the number of years, if any, you have been involved with service development activities for mental health and substance abuse services. _____ over 30 years.	
Civic/Volunteer Activities - List active or past associations with civic/volunteer organizations in the community.	
<i>Name of Organization</i>	<i>Position Held</i>
Pinellas County Crisis Intervention Team	Chair
Mental Health First Aid	Trainer
Florida Critical Incident Rapid Response Team CIRRT	DCF Secretary appointed Member
Statewide Child Abuse Death Review Committee	Surgeon General appointed Member
What other specific experience, skills or special interests do you have that would be of value to the CFBHN Board of Directors?	
I am a licensed clinical social worker with more than 30 years of behavioral health care experience.	
Which of the following CFBHN committees would you be interested in participating on?	
<input type="checkbox"/> Finance <input checked="" type="checkbox"/> Governance <input type="checkbox"/> Quality <input type="checkbox"/> Information System <input type="checkbox"/> Coalition Building	
Does your time allow and are you willing to attend Board of Directors' meetings the fourth Friday of each month from 10:30am – 12:00pm, generally 6 – 8 times a year.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Signed:

A handwritten signature in blue ink, appearing to read 'D. Holt', written over a horizontal line.

Date:

A handwritten date in blue ink, '8/8/2019', written over a horizontal line.