



*Maine Clinical Counselors Association  
Board Application*

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

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

Contact information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional background:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Level of education: \_\_\_\_\_

Other professional affiliations: \_\_\_\_\_

What are the ways that you can contribute as a board member?

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in our organization?

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why are you interested in serving on a board?**

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**Do you have any previous board service, leadership, or volunteer experience? \_\_\_\_\_ if yes explain.**

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**Are you presently serving on any boards? \_\_\_\_\_**

**Are you willing to serve on committees? \_\_\_\_\_**

**Can we expect you to come to board meetings regularly? \_\_\_\_\_**

**Can we expect you to be willing to attend orientation/mentoring meetings opportunities? \_\_\_\_\_**

**Can we expect you to attend leadership trainings for board development and education? \_\_\_\_\_**

**Have you been convicted of a felony in the past two years?, Has your license to practice ever been voluntarily or involuntarily relinquished, denied, suspended, revoked, restricted, or have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state or professional licensing, registration or certification board? \_\_\_\_\_ If yes explain.**

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Fill out, print and mail to:**  
**MCCA**  
**PO Box 2536**  
**Waterville, ME 04903**

**OR**

**Just fill out, save and then send as an attachment to: [mccaorg@gmail.com](mailto:mccaorg@gmail.com)**