APPLICATION FOR APPOINTMENT

For Helen Farabee Centers Board of Trustees

Name:	harlotte	" Ja	ใก ["]	Drive	r Wa	urd	
Mailing Address:	D Box 3	8 1	windy	horst.	Ţχ.	76389	
Daytime Phone:							
FAX #:			E-mail addı				
Portions of the Texas Hea appoint members to the be Center. The Chapter also diversity of the local servi Centers' Board of Trustee a consumer of the types of requirements are met, we	requires an attemptice area of the commits to be a consumer f services the center	t for board apmunity center of the types or provides. It	ppointments The Chap of services	reside withing to reflect to the require the center property of the	n the region the ethnic ares at least on	to be served in digeographic emember of	by the
County of Residence:	Archer		Length of R	Residence in	County:	6 mo	nths
Are you a qualified voter?		Yes				No	
Consumer / Family:	I am a family mer	mber of a cor	asumer of th	ne types of	services pro	vided by the o	center.
Ethnic Background:	Black	Caucasian	Asiar	n	Hispanic	Other	
Gender (optional):		Male				Female	
Age group (optional):	18-30		31-45	V	46-60	60)+
Current Business / Profe						-	
Name of Company:	retired	WFIS	D	genera	el edu	cation	SPEC
Address:			·			teacher	
Phone:							
Current Position:				<u> </u>			
Educational Background	1: Bache	lor of	Scien	nce in	Educ	ation	M5U

Previous Community Volunteer Experience:
Loaned Executive + Team Leader United Way 2008-2012
Leadership withita Falls Class of 2012 Board 2012 - 2018
The Kitchen Board 2013-2015
Current Community Service Commitments: None presently
References:
Name: Keggie : Becca Coe (pastor) Daytime Phone: Name: Cynthia Morgan (teaching Daytime Phone: Partner) Farling your interest in community bearing to be a second of the community bearing to be a second o
Name: Cynthia Morgan Lteaching Daytime Phone:
Explain your interest in community based mental health and/or intellectual and developmental disabilities services:
I have always been aroun to children + adults with
special needs. My years teaching, especially at NTSH,
challenged me to grow instructionally as a SpEd teacher
Explain what talents / perspectives you feel you would bring to the Board: My last 10 years
as an educator were spent in special education. I have
worked with 151-12 grades with a variety of direbilities.
worked with 15th - 12 grades with a variety of disabilities. I had to often think out of the box to meet their needs we would be a contract employee of the forting.
Are you related to a current employee of the Center? Yes No and academic
If yes, please give staff name and how related:

Are you available to give an average of 8 hours per month (excluding travel time) to Center business?	Yes	No
Board and Committee meetings are held on the 1 st Thursday of every month from 11 am - 4 pm. Meeting location rotates each month to different Center service sites throughout our region. Would you be able to accommodate this schedule?	Yes	No
Barring unforeseen circumstances, can you make at least a two-year commitment to serve on this Board?	Yes	No
Are you available to attend quarterly out-of-town board related activities that would require overnight stays?	✓ Yes	No
In addition to monthly committee and Board meetings, are you available to occasionally consult with other Board members or staff regarding Center business?	Yes	No
Are you available to visit Center service sites within your appointment area?	Yes	No
Other than specific conflict of interest disclosures made on the attached Conflict of Interest Questionnaire, do you feel you have any personal or professional perspectives that would inhibit your ability to perform Board duties in a fair and objective manner?	Yes	No
If "ycs," please describe:		
	······································	·
C Jan Driver Ward Date 2/9	23	

Application for Appointment Helen Farabse Centers (Revised 63/03/11) Page 3 of 3

Signature of Applicant

CONFLICT OF INTEREST QUESTIONNAIRE

for Helen Farabee Centers Board of Trustee Applicant

To be completed and submitted with application to serve on Board of Trustees.

Appl	icant Name:	Charlotte Archer	"Jan"	Driver	Ward	
Cour	nty of Residence:	Archer				
In r	responding to thes	se questions, please no transaction	ote that a "yes" was necessarii			he relationship or
1.	Are you an office of Trustees has be	or or director of any cor usiness dealings?	poration with w	hich the Center	s' Board	Yes No
	If "yes," please li business involved	st the names of such co I with the Centers' Box	orporations, the card of Trustees li	office held and ast year.	the approximate	e dollar amount of
	 					
2.	receive any remu	any member of your far meration or income fro rd of Trustees have but	m, any business			_ Yes _ No
	If "yes," please p	rovide the following in	formation:			
	A. Names of th interest is he	e business organization eld:	ns in which the i	nterest is held :	and the persons	by whom the
	B. Nature and a	amount of each such fin	nancial interest, r	 emuneration or	income:	

3.	Did you, or any members any gifts or loans from buys goods or services dealings?	Yes No		
	If "yes," list the gifts of	r loans as follows:		
	Name of Source	Item	Approximate Value	
4.	Were you involved in interpreted as possible If "yes," please descri		Yes <u>` No</u>	
			- :	
I c	ertify that the foreg	oing information is true and complete to th	e best of my knowledge.	
		iver Ward	2 9 23	
21	gnature of Applicant	Date		

APPLICATION FOR APPOINTMENT

For Parabee Cent

Helen Farabee Centers Board of Trustees

Name:	Mark	Neese				
Mailing Address:	10371	Picket	Run	Road	<u>Susat</u>	W1627
Daytime Phone:	-		Evening Pl	none:		
FAX#:			E-mail add	ress:		
Portions of the Tex appoint members to Center. The Chapt diversity of the loc Centers' Board of a consumer of the trequirements are no	o the board from a er also requires an al service area of Trustees to be a co types of services to thet, we ask that yo	among the qualification attempt for board the community consumer of the type center provide by please complete.	ed voters who dappointment enter. The Chapes of services s, In order to e the following	reside within the ts to reflect the e apter requires at s the center provi assist the appoin g.	e region to be so thnic and geog least one meml ides or a family ting entity in a	erved by the raphic ber of the member of ssuring these
County of Residen	ce: Monto	que	Length of	Residence in Co	unty: <u>18</u>	Acars.
Are you a qualified	i voter?	Ye	S	*	No	
Consumer / Family	y:I am a co	onsumer of the ty mily member of	pes of services a consumer of	provided by the the types of serv	center. vices provided	by the center.
Ethnic Backgroun	d: Black	Caucas	ian Asi	en H	ispanic	_ Other
Gender (optional)		м	ale		Fema	ıle
Age group (option	al):	18-30	31-45	46	-60	60+
Current Business	/ Profession / E	mployment:				
Name of Compan	y: <u>Bowi</u>	e ISD				
Address:	405	Lovers	lane	-		
Phone:	940 L	89-2921				
Current Position:	_Elem	intary (Joursel	. W		
Educational Bac	kground: <u>BA</u>	- Ovachita	Baptut	Unix		
	mf	+ EdD.	- Dallas	Baptist	Univ	<u></u>

Application for Appointment Helen Farabes Centers (Revised 03/03/11) Page 1 of 3

Previous Community Volunteer Experience: Mychagus Court Chill
Previous Community Volunteer Experience: Mortague Courty Chill Welfare Board, Church Comp Counsalor- Camp Capacis
4
Current Community Service Commitments: Martague Court Chad
holfare Board
References:
Name: Kathy Green - Principal BES Daytime Phone:
Name: Paul Maga Co SRO-Bouve ES Daytime Phone:
Explain your interest in community based mental health and/or intellectual and developmental disabilities services:
As a coursely, we have Students and families who
une Dero Danves.
The rece However.
Explain what talents / perspectives you feel you would bring to the Board:
Experience, conductording the weeks of remail
Commentie
Are you related to a current employee of the Center? Yes No
If yes, please give staff name and how related:

Are you available to give an average of 8 hours per month (excluding travel time) to Center business?	✓ Yes	_ No
Board and Committee meetings are held on the 1 st Thursday of every month from 11 am -4 pm. Meeting location rotates each month to different Center service sites throughout our region. Would you be able to accommodate this schedule?	✓ Yes	No
Barring unforeseen circumstances, can you make at least a two-year commitment to serve on this Board?	<u>√</u> Yes	_ No
Are you available to attend quarterly out-of-town board related activities that would require overnight stays?	Yes	No
In addition to monthly committee and Board meetings, are you available to occasionally consult with other Board members or staff regarding Center business?	✓ Yes _	No
Are you available to visit Center service sites within your appointment area?	✓Yes _	_ No
Other than specific conflict of interest disclosures made on the attached Conflict of Interest Questionnaire, do you feel you have any personal or professional perspectives that would inhibit your ability to perform Board duties in a fair and objective manner?	Yes _	No
If "yes," please describe: BA+MA in Consoling a pare	ion for	
families and students to be successful		· · · · · · · · · · · · · · · · · · ·
Signature of Applicant Date 12/05	2022	

CONFLICT OF INTEREST QUESTIONNAIRE

tor
Helen Farabee Centers

Board of Trustee Applicant

To be completed and submitted with application to serve on Board of Trustees.

Cour	ity of Residence	Mark Nesse Montague
In 1	esponding to (hese questions, please note that a "yes" answer does not imply that the relationship or transaction was necessarily inappropriate.
l .		icer or director of any corporation with which the Centers' Board S business dealings? Yes No
	If "yes," please business invo	e list the names of such corporations, the office held and the approximate dollar amount of ved with the Centers' Board of Trustees last year.
2.	Do you, or de	es any member of your family, have a financial interest in, or
2.	receive any r the Centers'	emuneration or income from, any business organization with which Soard of Trustees have business dealings? YesNo
2.	receive any r the Centers'	muneration or income from, any business organization with which
2.	receive any r the Centers' If "yes," plea	emuneration or income from, any business organization with which Board of Trustees have business dealings? Yes No see provide the following information: If the business organizations in which the interest is held and the persons by whom the

3.	any gifts or loans from any so	our family, receive during the past twelve mource from which the Centers' Board of Trush which the nonprofit has significant busine	stees
	If "yes," list the gifts or loans	s as follows:	
	Name of Source	ltem	Approximate Value
4.	Were you involved in any of interpreted as possible confl	ther activity during the past year that might lict of interest?	be Yes No
	If "yes," please describe:		
Y	partify that the foregoing	; information is true and complete t	to the best of my knowledge.
•	certify must the lovegoing		•
	ignature of Applicant	sece	W(05/1022