



Corporate Office
425 Broadway, Ste201
Paducah, KY 42001
Phone (270) 442-7121
Fax (270) 443-9692

The following information is provided by the Nominating Committee of the Western Kentucky Regional Mental Health-Mental Retardation Board, Incorporated, dba Four Rivers Behavioral Health, for the purpose of assisting potential Board members to determine their interest and ability to serve in this capacity.

The Board is a governing board, which establishes policy for the community mental health, developmental disability, and substance abuse services in the nine western counties of Kentucky. The primary goal of the Board is to provide for the delivery of a comprehensive, integrated system of services at the community level. Board members are required to reside in the county which they represent, and shall have demonstrated an interest in the fields of volunteer position, and there is no remuneration for service on the Board. Reimbursement for funds actually expended in conducting Board affairs is made only when such business is conducted outside of the region.

The full Board meets at 5:30 p.m. on the third Thursday of every month. Committee meetings vary, but are usually scheduled on the night of the Board meeting prior to the full Board meeting. Meetings are usually conducted on the second floor of the agency's Corporate office located at 425 Broadway, Paducah KY 42001. There is an attendance requirement specified in the bylaws of the Board. The bylaws state: "If a director is absent from three consecutive regular Board meetings without a valid reason being reported, the director may be removed from the Board by a three-fourth vote of the remaining members of the Board upon the recommendation of the Nominating Committee."

If you have an immediate family member employed by the Board, you should be aware that a nepotism policy applies. It is suggested that you investigate this policy if this situation is applicable. Also contained in the bylaws is a statement regarding conflict of interest, which requires your consideration. The bylaws state: "The Board shall solicit assurances from individual Board members satisfying itself that no position organization would necessarily require the member to reflect that organization's viewpoint in matters of business coming before the Regional Board." In addition, the Board has adopted a policy, which prohibits a Board member from serving on the Western Kentucky Regional Mental Health-Mental Retardation Board, Incorporated, and serving on the Board of Directors of any affiliate agency. This policy applies to either a Governing or Advisory Board. For your information, our affiliate agencies are: J.U. Kevil Foundation, West Kentucky Easter Seals Center, W.A.T.C.H., Marshall County Exceptional School, Carlisle County Senior Citizens, and Lourdes Hospital. Furthermore, members of the board are bound by KRS.210, which addresses any real, or apparent, conflict of interest in the buying or selling of goods, and/or the awarding of contracts, This law specifies that a member's employment, family ties, or business interest in any organization, which might be selected, are considered to be conflict of interest.

If you would like to be considered to serve on our Board of Directors, please complete the enclosed application form and return to the Corporate Office located at 425 Broadway, Paducah KY 42001. Your interest in our agency is appreciated, and if I may be of any assistance to you please feel free to contact me.

Nominating Committee

CANDIDATE FOR BOARD VACANCY

The following information is requested by the Nominating Committee of the Western Kentucky Regional Mental Health-Mental Retardation Board, Incorporated, dba Four Rivers Behavioral Health, so that candidates nominated to fill vacancies on the Regional Board will help the Board meet all the state requirements setting forth the composition of Regional Boards. The information herein is intended solely for the use of the aforementioned committee. All information is sought to aid in the filling of current vacant positions with persons whose characteristics bring the Board into more complete compliance with Kentucky Revised Statute 210.380 and administrative regulations.

* * * * *

1. Name of Candidate: _____

2. Sex: Male _____ Female _____ 3. County of Residence: _____

4. Residence Street Address: _____
City: _____ State: _____ Zip: _____
E-Mail: _____

5. Telephone: Home _____ Other _____ 6. Race: _____

7. Occupation, Business, Profession: _____

8. Business Address : _____

9. Business Telephone Number: _____

10. Education: (Please check the amount of education you have completed) _____ High school or less
College _____ Graduate School

11. Are you now a member of any Lay mental Health-Mental Retardation Association?
_____ Yes _____ No
Association: _____

12. Please check the areas of special interest you may have: _____ Mental Health
_____ Substance Abuse _____ Developmental Disabilities

13. Please check the items listed below that pertain to you or listed organization in which you presently hold membership:

_____ Income Under \$10,000.00 _____ County Judge Executive

_____ Local Health Department _____ Area Developmental
Board or Staff Member Board or Staff Member

_____ Labor Organization _____ Business Organizations
(i.e. labor union) (i.e. Chamber or Commerce)

_____ Hospital board Member _____ Medical Society Member

_____ County Welfare Board Member

14. Please list any civic activities with which you are involved (i.e. PTA/PTO, Red Cross, fraternal and civic groups)

15. Do you hold a position of employment, appointment, or elected office in any other organization which would require you to reflect that organization's viewpoint in matter of business coming before Four Rivers Behavioral Health? If yes please be specific.

16. If selected as a Candidate to fill an existing Board vacancy, what goals would you like to see reached and what do you feel you, as an individual Board member, could contribute to the Regional Board? (If necessary please continue on the back of this page.)

17. Please list two personal and/or professional references that we may contact.

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Signature: _____ Date: _____

If any Confidential Information or other matter described or implied in this Agreement is sought for legal purposes, I will promptly notify the current Chairman of the Board

**CONFIDENTIALITY STATEMENT
BOARD OF DIRECTORS
FOUR RIVERS BEHAVIORAL HEALTH**

As a condition of my tenure as a member of the Board of Directors, I specifically agree that I will not, at any time during or after my membership with Four Rivers Behavioral Health, in any manner, either directly or indirectly, use, divulge, disclose, or communicate to any person, firm, or corporation, any confidential information of any kind, nature, or description concerning any matters affecting or relating to the business of Four Rivers Behavioral Health (hereinafter referred to as "Confidential Information"). Confidential information does not include information discussed in regular sessions of the Board of Directors, since these are considered public meetings. In addition, any documents, such as the Annual Plan and Budget and Audit that are considered public information are not considered Confidential Information.

Confidential Information includes, but is not limited to, personnel information, corporate contracting information, lawsuits involving the agency, and any client related information including client names, treatment, diagnoses, practices or lifestyle of the clients past, present or future. All corporate, personnel, medical records, notes, correspondence, documents and the like, affecting, or relating to the business and the services of Four Rivers Behavioral Health, which I have access to, knowledge of, or will prepare, use, construct, possess, or control as a part of my responsibilities as a Director of the agency, is the sole property of Four Rivers Behavioral Health.

If any Confidential Information or other matter described or implied in this Agreement is sought for legal purposes, I will promptly notify the current Chairman of the Board at Four Rivers Behavioral Health and will cooperate with all that Four Rivers Behavioral Health requires in preserving confidentiality. Moreover, I understand that if I engage in any of the aforementioned inappropriate disclosures, I may be held legally or ethically accountable for my actions.

BOARD MEMBER

DATE