



## Board of Director Application

Date: 08/24/2016

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Name: Valerie Holmes

Address: [REDACTED]

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County of Residence Volusia

Cell Phone: [REDACTED]

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Company Name and Address: Brevard Family Partnership 2301 W. Eau Gallie Blvd., Suite 104  
Melbourne, Fl 32904

Phone: 321-752-4650 ext. 3004 Fax: 321-752-4651

E-Mail: Valerie.holmes@brevardfp.org

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What email, address and phone number would you like to be contacted at?  
Work email, work address and cell phone

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What skills and knowledge are you willing to bring to our board?

I bring 23 years of experience in the field of social services and not profit management with last 16 years in Senior and Executive Management positions. I have extensive knowledge of the child welfare system, mental health issues and substance abuse providers in Florida.

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Why are you interested in serving on the CFCHS Board of Directors?

Central Florida Cares Health System Inc. fulfils a critical function of providing resources to sustain a continuum of substance abuse and mental health services in the Central Florida Region. This promotes the healthy development and functioning of at risk children and families. I would welcome the opportunity to support and advocate for the agency in any way possible to promote sustainability of these efforts.

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Area(s) of contribution you feel you can make (financial, fundraising, prior involvement as a foster or adoptive parent, public speaking, legislative, etc)?

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Public Speaking, Legislative, Strategic Planning, Board Development, Budget Development and Forecasting, Public Policy and Writing

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Other volunteer commitments/Board seats:

Chair of the Brevard County Together in Partnership/Children's Services Council, Volusia County; Edgewater Public School Volunteer,

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**PLEASE INDICATE YOUR EXPERIENCE IN THE FOLLOWING AREAS**

	Very Experienced	Some Experience	Little or no Experience
Fundraising	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Board development (recruitment, training, evaluation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program planning and evaluation (training, outreach)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial management and control (budget, accounting)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public policy, legislative advocacy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Communication, public and media relations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Strategic Planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information technology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Writing publications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you able to make a one-year commitment?	<b>Yes</b>	No
Are you able to attend bi-monthly board meetings?	<b>Yes</b>	No
Are you able to actively participate on at least one committee?	<b>Yes</b>	No

Would you commit to:

Making a financial contribution to CFCHS?	<b>Yes</b>	No
Bringing in corporate resources, financial or in-kind resources CFCHS?	<b>Yes</b>	No

**PLEASE ATTACH A RESUME, REFERENCES AND BIOGRAPHY TO THE APPLICATION AND MAIL OR E-MAIL COMPLETED APPLICATION TO:**

Central Florida Cares Health System, Inc., 707 Mendham Blvd. Suite 104, Orlando, FL 32825 or [kpease@cfchs.org](mailto:kpease@cfchs.org)

Thank you for your interest.

**FOR BOARD USE ONLY**

\_\_\_\_ Nominee has had personal contact with either CEO, board chair or other board member.

Date: \_\_\_\_\_

\_\_\_\_ Nominee has attended a board meeting.

Date: \_\_\_\_\_

Action taken by the board \_\_\_\_\_