

Board Member Application Form

To be completed by Prospective Board Member (Please read accompanying information prior to completing)

Name: _____ Home Phone: _____

E-Mail: _____ Cell Phone: _____

Home Address: _____ City: _____ State: __ ZIP: _____

Business Name: _____ Phone: _____ Fax: _____

Business Address: _____ City: _____ State: __ ZIP: _____

Occupation: _____

Preferred Method of Contact: __ Home Phone __ Cell Phone __ Business Phone __ E-mail

Preferred Mailing Address: __ Home __ Business

I. General & Background Information

The questions in this section are asked to enable the Association to ensure diversity in the composition of the Board.

Gender: __ Female __ Male Age: __ under 30 __ 31-45 __ 46-60 __ 61+

Race/Ethnic Background:

__ Native American/Indian __ Asian/Pacific Island __ Black/African American __ Bi-racial
__ Hispanic/Latin __ White/Caucasian __ Other

County of Residence: _____

Education/Training/Licenses: _____

Awards/ Honors: _____

Have you served on other Organization's boards? __ yes __ no If yes, please list and identify any positions of leadership.

General Organizational Memberships: _____

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II. Ability to Serve the Association

Are you familiar with and do you support the Alzheimer's Association mission? Yes No Somewhat: _____

Experience with Alzheimer's disease (include all that apply): I have the disease parent spouse
 other family member friend I am, or have been, a family caregiver professional experience

Do you feel well informed about the programs of the Alzheimer's Association? Yes No Somewhat: _____

Do you feel that there might be a conflict between any interest that you have in the Alzheimer's Association and your employer or others? Yes No Somewhat: _____

Are you able to attend at least one board and one committee meeting a month or report your absence prior to the meeting? Yes No Usually: _____

Are you able to effectively participate in meetings by reading materials prior to meetings and to actively participate? Yes No Somewhat: _____

Will you be able to be an advocate for the Alzheimer's Association with family, friends, business and community connections? Yes No Somewhat: _____

Will you be willing to make a financial contribution to Alzheimer's Association and assist the Association with fundraising and identifying new people and resources for funding? Yes No Somewhat: _____

Are you willing to participate in Board Training opportunities and at least one annual Board Retreat? Yes No Usually: _____

Do you regularly attend public events in your community? Yes No Infrequently

Are you active in or have connections to persons who are involved in local, state or federal governments to support Alzheimer's chapter advocacy? Yes No Somewhat

What is the best time for you to attend meetings?
 Before 8 am Noon after 5pm Saturday's

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III. Self Assessment of Skills and Expertise: This assessment helps us to ensure that a skilled, balanced and high-performing Board is sustained. Please share your experience by indicating **Yes** or **No** in each category.

Skill/Expertise	Competency	Yes	No
Board of Directors Experience	Experience serving on public sector, private sector or not-for-profit boards. Experience with good governance policies		
Leadership Experience	Experience serving as a Committee Chair or in other positions of leadership		
Committee Experience and Teamwork	Experience serving on committees or teams		
Medical-physician, nurse, psychology, social work	Experience as a licensed practitioner in the medical, psychology, social work or related fields.		
Accounting/Financial/Investment Representation	Experience in accounting, banking and financial professions. Understanding of financial operational management and the proper application of internal controls for public, private and not-for profit sectors.		
Fundraising	Experience in soliciting private contributions, grants or corporate giving for the benefit of a not-for-profit entity		
Human Resource/Executive Performance Review	Understanding of human resource/personnel considerations and issues for employee recruitment, compensation structures, and performance review among public sector, private sector or not-for-profit boards		
Senior Care	Experience in the provision and/or management of programs serving older adults		
Legal Representation	Experience as an attorney or in the legal profession		
Communications Industry Representation	Experience in marketing, communications, public relations, media or related industries		
Social Services Representation	Experience in community based not for profit organizations providing direct services to those in need		
Strategic Planning and Focus	Experience with planning, evaluation, and implementation of a strategic plan for corporate, business or not-for profits. This includes a demonstrated ability to focus on longer term goals and strategic outcomes.		
Physical Plant / Architect Representation	Experience with facilities management or advanced training in the design and construction of buildings, etc		
Technology Representation	Experience in computer hardware and software applications and information systems.		

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Skill/Expertise	Competency	Yes	No
Administration/ Organizational Management Representation	Experience and understanding of organizational management and design for public, private and not-for-profit sectors.		
Corporate Business Representation	Experience in a for-profit corporate setting		
Small Business Representation	Experience in a for- profit small business setting		
Religious Organization Representation	Experience in religious organizations		
Education Representation	Experience in K-12, college or occupational education programs and organizations		
Not-for Profit Representation	Experience in the not for profit		
Political/ Government/ Government Relations and Public Policy	Experience or understanding of political and governmental policy making, communications or government relations		
Advocacy and Community Service Representation	Experience in advocacy, public policy, grass roots efforts or community service or activism		
Philanthropy	Experience in grant making private or community foundations, corporate giving or personal gifting.		

IV. References

Please provide the names, affiliations and phone numbers of two references we may contact.

Name: _____ Company: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Company: _____

Address: _____

Phone: _____ Email: _____

I hereby submit this application and request to be considered as a Board Member.

Signature Date