



Board of Directors Application Form

Thank you for your interest in serving as a member of the Board of Directors of the Hope4Veterans. Serving on the board is a rewarding experience and an opportunity for personal and professional growth. Completing this form will help you understand the skills and time/resource commitments of this leadership position. You may find it helpful to read through the entire application and Board Member Responsibilities before you begin filling it out.

Please email the completed application to csflgeiser2016@gmail.com , Attn: Lynn Geiser. This application will be kept confidential and on file (see policy). Applications are used by the Board's Nominating Committee to identify and evaluate potential board candidates. All new directors are elected by a majority vote of current board members.

BOARD MEMBER RESPONSIBILITIES

1. Serves a minimum of one (1) two-year term on the Board. Eligible to serve two (2) two-year terms if re-elected.
2. Attend a minimum of two (2) Hope4Veterans events each month (includes board meetings, committee meetings and/or events). The Full Board of Directors meets quarterly; additional information will be sent out with dates.
3. Makes a serious commitment to participate actively in Hope4Veterans committee work. The Hope4Veterans is a working board where each director chairs a committee.
4. Stays informed about committee matters, is prepared for meetings, and reviews and comments on minutes and reports.
5. Builds a collegial working relationship with other committee members that contributes to consensus.
6. Participates in the committee's annual evaluation and planning efforts.
7. Participates in the advancement of the strategic plan of Hope4Veterans. including fundraising and member recruitment.

VISION STATEMENT

HOPE 4 VETERANS is a 501 c 3 nonprofit that wants to reach, inspire and empower women veterans in the State of Florida. We provide many programs to help our women build on their goals and find their passion that they have missed since their military time. HOPE 4 VETERANS is here to support women veterans to file their claims, assist them to their medical appointments with a women veteran with similar experience and to provide resources to help with the healing and recovery process. In 1-3 year, HOPE 4 VETERANS long term goals is to provide Women and children with housing and immediate needs.

MISSION STATEMENT

Hope4Veterans is a program that empowers and provides HOPE to Military Women by providing resources, peer to peer support, and Art/Holistic groups to work on their struggles within their community. Hope4Veterans helps educate and make awareness of the military women struggles. Hope4Veterans helps to educate, bring independence and stability for their families to help them become self-sufficient once again. Military Women are brought together with a purpose to provide resources to make sure that our women gain the assistance and advocacy they need and have earned.

- 1) Hope 4 Sisters Battle Buddy
- 2) Medical Claims Assistance
- 3) Art/Holistic resources
- 4) Free Laptops
- 5) Inspirational Baskets
- 6) Women's Day
- 7) Service Dog Education
- 8) Peer Specialist Support
- 9) Advocate Services and Resources

Your name: _____

Your Home Phone Number: _____ Cell number: _____

Your address: _____

Your email address (please write it carefully):

Briefly describe why you would like to join our Board of Directors:

Your current organizational affiliations (names of the organization and your role(s)):

1.

2.

3.

4.

Which of your skills would you like to utilize on the Board? Check those that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Board development | <input type="checkbox"/> Financial management | <input type="checkbox"/> Training |
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Staffing / Personnel | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Volunteer management |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Events | <input type="checkbox"/> Fund Development |

Other skill(s) of yours that you would like to utilize? _____

What would you like to get for yourself out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?

If you join the Board, you agree that you can provide at least 2-4 hours a month in attendance to Board and Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.

Your signature: _____ Date: _____

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

Yes

No

Perhaps