

United Way of Hernando County Board of Directors Application Consideration for Board Membership

Name: _____ **Date:** _____

Address: _____ **DOB:** _____

City, State, Zip: _____

Cell Phone: _____ **Work #:** _____

Fax: _____ **Email:** _____

Race/Ethnicity (please select all that apply)

Asian ___ Black/African American ___ Hispanic/Latino ___

Multi-Racial ___ Native American ___ Non-Hispanic/Non-Latino ___

Pacific Islander ___ White/Caucasian ___ Other _____

Have you ever served in the Military? Yes ___ No ___

If so, what Branch of Military? _____

Comments: _____

Employer: _____

Address: _____ **City, State, Zip:** _____

Title/position: _____

Number of Years with Company: _____

Board Experience (if applicable)

Boards You Are Currently Serving

Previous Boards | Including Years Served

RETURN COMPLETED APPLICATION TO UNITED WAY OF HERNANDO COUNTY
 Email CEO: Angie@UnitedWayHernando.org or Mail to: 4028 Commercial Way, Spring Hill, FL 34606
 Phone: 352-688-2026 | Fax: 352-688-8336

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Previous United Way Experience

I am familiar with United Way's Mission YES ___ NO ___

I have been a United Way Board Member YES ___ NO ___

If so, please specify which United Way(s): _____

I have advocated during a Campaign Presentation YES ___ NO ___

I have donated to United Way in the past YES ___ NO ___

I have volunteered as a United Way CIG Review Team Member
YES ___ NO ___

Select the United Way Initiatives and Priority Areas you are most interested in focusing on with us.

HEALTH (Increasing Access to Health)

Access to Care & Available Health Resources ___

Mental & Behavioral Health Services ___

Support Services for People with Disabilities ___

EDUCATION (Fostering Childhood & Youth Success)

Early Childhood Development & School Readiness ___

Mentoring Support & Out of School Services ___

Youth Development & Family Engagement ___

FINANCIAL STABILITY (Encouraging Economic Mobility)

Financial Literacy for Youth & Adults ___

Job Development & Workforce Training ___

Financial Assistance Services ___

BASIC NEEDS/CRISIS PREVENTION (Breaking Down Barriers)

Food Security ___

Protection from Neglect, Abuse, Exploitation ___

Transitional/Permanent Housing Services for Those Experiencing Homelessness ___

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Volunteer Experience

Current _____

Past _____

Please share how your leadership qualities would contribute to the United Way organization and enhance our Board of Directors' culture.

Approximately how much time are you able to commit to being a Board Member? Hours per month **2** **4** **6** **8**

Are there particular United Way Committees that interests you? Reference Committee Description List and explain why.

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Professional Reference 1

Relationship: _____
Name: _____
Employer: _____
Contact Phone #: _____ Email: _____

Professional Reference 2

Relationship: _____
Name: _____
Employer: _____
Contact Phone #: _____ Email: _____

Personal Reference 3

Relationship: _____
Name: _____
Employer: _____
Contact Phone #: _____ Email: _____

Comments: _____

*Please attach separate sheet with additional comments if needed.
Thank you for your interest in joining the United Way team.*

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