



BOARD APPLICATION

CONSIDERATION FOR BOARD MEMBERSHIP



UNITED WAY

Hernando County

Office Use - Date Submitted: _____

NAME: _____ DATE: _____

HOME ADDRESS: _____ DOB: _____

CITY, STATE, ZIP: _____

CELL #: _____ WORK #: _____

FAX: _____ PREFERRED EMAIL

HOME EMAIL: _____

WORK 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 _____

GENDER: _____

HAVE YOU EVER SERVED IN THE MILITARY? YES ____ NO ____

IF SO, WHAT BRANCH OF MILITARY? _____

COMMENTS: _____

• ♦ •

EMPLOYER: _____

ADDRESS: _____ **CITY, STATE, ZIP:** _____

TITLE/POSITION: _____

OF YEARS WITH THE COMPANY: _____

DO YOU ANTICIPATE ANY CAREER ADVANCEMENTS OR CHANGES OVER THE NEXT 3 YEARS (INCLUDING WORKING/MOVING OUT OF COUNTY, BEING TRANSFERRED, ETC.)?

YES ____ NO ____ IF YES, PLEASE EXPLAIN: _____



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BOARD EXPERIENCE (if applicable)

BOARDS YOU ARE CURRENTLY SERVING ON

- _____
- _____
- _____

BOARDS YOU PREVIOUSLY PARTICIPATED ON, INCLUDING YEARS SERVED

- _____
- _____
- _____
- _____

VOLUNTEER EXPERIENCE (if applicable)

CURRENT VOLUNTEER EFFORTS YOU ARE PARTICIPATING IN

- _____
- _____

PAST VOLUNTEER OPPORTUNITIES

- _____
- _____
- _____
- _____

APPROXIMATELY HOW MUCH TIME ARE YOU ABLE TO COMMIT TO BEING A BOARD MEMBER?

PLEASE KEEP IN MIND, THE BOARD MEETS QUARTERLY AND COMMITTEES & VOLUNTEER OPPORTUNITIES VARY BASED ON THE SEASON.

HOURS PER MONTH: 2 ____ 4 ____ 6 ____ 8 ____

COMMITTEES

MEMBERS ARE TO SIT ON AT LEAST TWO ACTIVE COMMITTEES. **WHAT BOARD COMMITTEES SPARK YOUR INTEREST IN SERVING?** PLEASE REFERENCE THE COMMITTEE DESCRIPTION.

- ☐ **Executive Committee** (a nominated position) ☐ **Ethics Committee**
- ☐ **Board Development Committee** ☐ **Bylaws Committee** ☐ **Finance & Audit Committee**
- ☐ **Policies & Procedures Committee** ☐ **Resource Development Committee**
- ☐ **CIG Committee (Community Investment Grant)** ☐ **Personnel Committee**
- ☐ **CI Committee (Community Impact)** ☐ **Strategic Development Committee**

EXPLAIN WHY:



RETURN COMPLETED APPLICATION TO UNITED WAY OF HERNANDO COUNTY

Email CEO: Angie@UnitedWayHernando.org | 4028 Commercial Way, Spring Hill, FL 34606





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UNITED WAY KNOWLEDGE

ARE YOU FAMILIAR WITH UNITED WAY'S MISSION?

___ YES ___ NO

HAVE YOU PREVIOUSLY SERVED AS A UNITED WAY BOARD MEMBER?

___ YES ___ NO

HAVE YOU ADVOCATED FOR UNITED WAY DURING A CAMPAIGN?

___ YES ___ NO

HAVE YOU PREVIOUSLY DONATED TO UNITED WAY?

___ YES ___ NO

DO YOU CURRENTLY DONATE TO OUR UNITED WAY?

___ YES ___ NO

HAVE YOU EVER SERVED AS A CIG REVIEW TEAM MEMBER?

___ YES ___ NO

OTHER EXPERIENCES:

BOARD ACTION ITEMS

BOARD PARTICIPATION IS TRACKED THROUGHOUT THE YEARS BY THEIR LEVEL OF SUPPORT THROUGH [GIVING](#), [ADVOCATING](#), & [VOLUNTEERING](#). **HOW DO YOU SEE YOURSELF CONTRIBUTING WITHIN THESE THREE AREAS?**

Select the United Way Initiatives & 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

___ Disaster Relief/Recovery ___ Transitional/Permanent Housing for the Homeless



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LEADERSHIP

PLEASE DESCRIBE YOUR LEADERSHIP QUALITIES AND HOW THOSE ATTRIBUTES WOULD CONTRIBUTE TO THE UNITED WAY ORGANIZATION.

WHY DO YOU WISH TO JOIN UNITED WAY'S BOARD OF DIRECTORS? PLEASE SHARE WHAT YOU WISH TO GAIN AND/OR CONTRIBUTE FROM YOUR TIME SERVING.

PROFESSIONAL REFERENCE (1)

RELATIONSHIP: _____
NAME: _____
EMPLOYER: _____
CONTACT #: _____ EMAIL: _____

PROFESSIONAL REFERENCE (2)

RELATIONSHIP: _____
NAME: _____
EMPLOYER: _____
CONTACT #: _____ EMAIL: _____

PERSONAL REFERENCE

RELATIONSHIP: _____
NAME: _____
EMPLOYER: _____
CONTACT #: _____ EMAIL: _____



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