



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: _____

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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 PARTICPATED 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: _____



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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 COMMUNITY (Bridging the Distance Between People & Care)

- Mental Health & Crisis Prevention
- Adaptive Support Services
- Nutrition & Food Security

EDUCATION (Improving Access to Educational Opportunities for All)

- Early Childhood Development & School Readiness
- Mentoring Support & Out of School Enrichment
- Youth Development & Adult Education

FINANCIAL STABILITY (Creating a Strong Foundation for Sustainable Sufficiency)

- Job Training & Career Pathways
- Financial Education & Coaching
- Homeless Prevention & Sustainable Housing

COMMUNITY RESILIENCY (Addressing Unmet Needs for Crisis Prevention)

- Crisis Hotline & Essential Resource
- Disaster Relief & Recovery Emergency Preparedness



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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.

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PROFESSIONAL REFERENCE (1)

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

PROFESSIONAL REFERENCE (2)

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

PERSONAL REFERENCE

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



RETURN COMPLETED APPLICATION TO UNITED WAY OF HERNANDO COUNTY

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

