

**Valley AIDS Council  
Board of Directors  
Membership Application**

Please return to:  
Board of Directors  
Valley AIDS Council  
2306 Camelot Plaza Cir.  
Harlingen, Texas 78550

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Phone: Home/Cell:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**I. Your Background**

As part of your application please attach a one page summary of your current job; educational level, your strengths and weaknesses, achievements; previous or current civic involvement(s); and, other service of volunteer activities.

**II. Level of Commitment**

The board meetings are usually scheduled on the fourth (4th) Monday of each month at the VAC offices in Harlingen starting at 6:00 PM (i.e. most meetings run for approximately two hours).

**Will you commit to attend at least nine (9) of eleven (11) regularly scheduled meetings? You may attend some meetings via Skype or telephone with approval of the Board Chair.**

Yes \_\_\_\_\_

No \_\_\_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Board members need to be aware of the actual business of the agency. To accomplish this, newly elected Board members are asked to do three extra activities, each of which will consume about half a workday.**

1. Go through the intake process with a case manager:
2. Attend an HIV education presentation made by a VAC a staff member; and
3. Attend a VAC volunteer orientation session.

**Will you commit the time to become informed?**

Yes \_\_\_\_\_

No \_\_\_\_\_, Explain: \_\_\_\_\_

\_\_\_\_\_



5. I believe homosexuality to be...

6. I think injection drug users to be....

7. Condom usage is...

8. Are you a relative of any employee or board member?

## VAC Board Member Profile

Name: \_\_\_\_\_

Please check all applicable boxes below to help us get to know you and determine how you can help us succeed in our mission.

Area of Expertise/ Professional Skills	
Academic/Education	
Accounting	
Administration	
Banking/Investments	
Business/Corporate	
Fundraising	
Government	
Human Resources	
Law	
Marketing	
Medical	
Non Profit Management	
Financial Management	
Public Relations	
Real Estate	
Strategic Planning	
Visionary Thinking	

Professional Background	
Executive Management	
Middle Management	
Non Management	

Employment Status	
Full Time Salaried	
Full Time Hourly	
Part Time	
Student	
Unemployed	

Previous Board Experience	
Not for Profit	
For Profit	
None	

Personal Characteristics (optional)	
Age <35	
Age 35 – 50	
Age 51 – 65	
Age >65	

Gender Identity (optional)	
Female	
Male	
Transgender	

Family Status	
Single	
Partnered	
Married	
Parent	

General Interests	
Arts & Crafts	
Books/Reading	
Eastern Philosophy	
Fitness/Exercise	
Food (Cooking)	
Internet/Web	
Museums/Art	
Music	
Outdoor activities	
Performing Arts	
Pets/Animals	
Philanthropy	
Politics	
Religious Studies	
Technology	
Travel	
TV/Movies	
Volunteering	
Wildlife	

One scale from 1 to 5 (5 being the highest) how would you rate yourself	
I am open to new experiences.	
I am open to change.	
I consider myself easy to get along with.	
I have an optimistic attitude.	
I am adventurous.	
I consider myself to be an accepting person.	
I am passionate about my ideals.	
I am willing to fight for that I believe in.	
I believe everyone should be treated with dignity and respect.	
I consider myself to be an agreeable person.	
I am open to new ideas.	
I consider myself to be responsible.	
I sometimes take things too personally.	

REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

**Please Type or Print**

I, \_\_\_\_\_  
 Last Name First Name Middle Name (Please include Jr., Sr., II, III, Etc.)

I understand that in conjunction with my application for employment, work to be performed under contract, promotion, reassignment, and/or retention, VALLEY AIDS COUNCIL will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to VALLEY AIDS COUNCIL. VALLEY AIDS COUNCIL uses AbsoluteBackgrounds.com, a consumer-reporting agency, as an agent to perform its employment related background investigations.

AbsoluteBackgrounds.com will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, Workers Compensation records including any and all injuries in compliance with the Federal ADA Act; Department of Motor Vehicle records; criminal conviction records, current and former employers, military records, education records; professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to VALLEY AIDS COUNCIL, and AbsoluteBackgrounds.com.

I request, authorize and consent to the procurement of an Investigative Consumer Report and/or Consumer Credit Report and understand that they may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for my term of employment from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by VALLEY AIDS COUNCIL if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to Valley AIDS Council. I further understand that I may request a copy of the report and that when doing so, proper identification will be required and I should direct my request to: AbsoluteBackgrounds.com, 3875 Atherton Road, Rockford, CA 95765. I understand that residents of California will automatically receive a copy of the report with 7 days of its delivery to the employer. I understand that residents of all other states will automatically receive a copy of the report if an adverse action is taken regarding the employment application; or upon request as outlined above.

CHECK THIS BOX IF you are applying for work with Minnesota employer and you would like a copy of your consumer Report if one is included in the investigation of your background: *Minnesota code 13C Subdivision 2*

**LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE VALLEY AIDS COUNCIL AND ITS AGENTS, ABSOLUTEBACKGROUND.COM AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE MENTIONED INFORMATION OR REPORTS.**

\_\_\_\_\_  
 Signed Today's Date

\_\_\_\_\_  
 Printed Name Position Applied For

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Social Security Number Date of Birth Driver's License Number State

Other names you have used or are also known as: \_\_\_\_\_

**PLEASE PROVIDE ALL RESIDENTAL ADDRESSES FOR THE PAST 7 YEARS**

Mo./Yr./Mo./Yr

Current Address:

\_\_\_\_\_  
 Street Apt. # City State Zip Code  
 From / To?

Former Address:

\_\_\_\_\_  
 Street Apt. # City State Zip Code  
 From / To?

Former Address:

\_\_\_\_\_  
 Street Apt. # City State Zip Code  
 From / To?

Former Address:

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Street	Apt. #	City	State	Zip Code
From / To?				

Valley AIDS Council  
Administrative Board Member  
Conflict of Interest Statement

I, \_\_\_\_\_, a member of the Board of Directors of the Valley AIDS Council declare that: (Check one)

\_\_\_\_\_ I have no real or perceived Conflict(s) of Interest.

\_\_\_\_\_ I have real or perceived conflict(s) of Interest. They are listed:

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I agree that should a Conflict of Interest arise, I will declare it at the next regularly scheduled meeting of the Valley AIDS Council Board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Valley AIDS Council Board Member Information Update

Please assist us by providing the following information. If the field does not apply, please leave the field blank.

Name:	
Employer:	
Position Held:	
Address:	
E-mail Address:	
Home Phone:	
Work Phone:	
Fax Number:	
Pager Number:	
Cell Number:	

This information will be used for agency business only! Please indicate what demographic information other than your name may be disclosed to clients of Valley AIDS Council (i.e. all, none, office number only, etc...).

Thank you for your assistance!