

**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:** _____

Additionally, VAC has a one-day Board retreat in the Fall. While the regular monthly Board meetings are reserved for current business the retreat is designed to be creative and free-flowing and the product to be strategic planning. It is critical for the future of the agency that Board members attend and participate.

Will you commit to attend the Board Retreat?

Yes ☐

No ☐, Explain _____

As a VAC Board member you will be assigned to various board committees. The committees generally meet outside regular board meetings.

Will you commit to participate in board committees and attend the regularly scheduled meetings?

Yes ☐

No ☐, Explain _____

III. Personal Profile

To help evaluate where we can use your personal and professional strengths, please fill out the attached "Personal Profile"

IV. General Information

1. The strengths I bring to the VAC Board of Directors are...

2. The weaknesses I bring to the VAC Board of Directors are...

3. If I were to hear an individual say that AIDS is God's response to people's immoral lifestyles, I would say to him/her...

4. My experience (personal, business, volunteer, etc.) surrounding HIV/AIDS has been...

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?

Yes

☐

No

☐

Explain

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	<input type="checkbox"/>
Accounting	<input type="checkbox"/>
Administration	<input type="checkbox"/>
Banking/Investments	<input type="checkbox"/>
Business/Corporate	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>
Government	<input type="checkbox"/>
Human Resources	<input type="checkbox"/>
Law	<input type="checkbox"/>
Marketing	<input type="checkbox"/>
Medical	<input type="checkbox"/>
Non Profit Management	<input type="checkbox"/>
Financial Management	<input type="checkbox"/>
Public Relations	<input type="checkbox"/>
Real Estate	<input type="checkbox"/>
Strategic Planning	<input type="checkbox"/>
Visionary Thinking	<input type="checkbox"/>

Professional Background	
Executive Management	<input type="checkbox"/>
Middle Management	<input type="checkbox"/>
Non Management	<input type="checkbox"/>

Employment Status	
Full Time Salaried	<input type="checkbox"/>
Full Time Hourly	<input type="checkbox"/>
Part Time	<input type="checkbox"/>
Student	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>

Previous Board Experience	
Not for Profit	<input type="checkbox"/>
For Profit	<input type="checkbox"/>
None	<input type="checkbox"/>

Personal Characteristics (optional)	
Age <35	<input type="checkbox"/>
Age 35 – 50	<input type="checkbox"/>
Age 51 – 65	<input type="checkbox"/>
Age >65	<input type="checkbox"/>

Gender Identity (optional)	
Female	<input type="checkbox"/>
Male	<input type="checkbox"/>
Transgender	<input type="checkbox"/>

Family Status	
Single	<input type="checkbox"/>
Partnered	<input type="checkbox"/>
Married	<input type="checkbox"/>
Parent	<input type="checkbox"/>

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

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

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.

<input type="checkbox"/> CHECK THIS BOX IF you are applying for work with <u>Minnesota</u> employer and you would like a copy of your consumer Report if one is included in the investigation of your background: <i>Minnesota code 13C Subdivision 2</i>				
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 From / To?	Apt. #	City	State	Zip Code
Former Address: _____				
Street From / To?	Apt. #	City	State	Zip Code
Former Address: _____				
Street From / To?	Apt. #	City	State	Zip Code

Former Address:

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

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!