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# Application for Positive Connections

# Board of Directors

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| Contact Information |
| Name |  |
| Date |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

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| Current Job Information (please complete or attach Resume) |
| Place of Employment:  |
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| How Long: | Title and Responsibility:  |
| Previous Employment: | Professional Affiliations: |
| Education and/or Training  |
| Summarize education and/or training you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. |
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| Board Responsibility |
| The Board holds monthly meetings (usually evenings), as well as other periodic meetings. Please check the activities below in which you would be willing to participate.  |
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| Monthly board Meetings (4th Monday, approx. 6:00 to 8:00 pm) |
| Annual Retreat (full day, 9:00 to 4:00, in October.) |
| Orientation |
| Committee Meeting (usually one per month) |
| Fundraising (special events – as needed) |
| 1. What is your interest in HIV/AIDS care and education services in this community?  |
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| 2. What Board/committee/business and/or other experience have you had which you feel would make you able to serve in this Board?  |
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| 3. Do you have experience in fundraising and would you actively participate in Positive Connection’s fundraising?  |
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| 4. What do you think are the necessary elements needed to make a successful board?  |
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| 5. What, if any, activities do you have which might conflict with the time (as previously indicated) needed to be involved with the Positive Connections board? |
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| 6. Why have you decided to apply for a position on this particular Board of Directors?  |
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| **7. Discuss any reservations about serving on a Board whose clientele is primarily (KS 70%) gay males.** |
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| **8. Discuss any reservations about education programs which specifically target sexual activity and intravenous drug use.** |
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| **Please check the areas below in which you feel you could be effective and make a valuable contribution to Positive Connections (everyone need not be outstanding in all areas).** |
| ❑grant writing❑knowledge of HIV/AIDS❑media/PR/advertising❑health delivery/medicine❑board experience❑people with money❑community/leaders groups❑government bureaucracy | **Areas of Expertise**❑legal❑budget**/**financial planning❑public speaking❑volunteer/administration**Area(s) of Influence**❑people with expertise❑related organizations❑gay/lesbian contacts | ❑social services❑lobbying❑personnel❑leadership❑fundraising❑elected officials❑media |

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| List at least 3 individuals who would be willing to discuss your potential as a board member. |
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| #1 Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| E-Mail Address |  |
| #2 Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| E-Mail Address |  |
| #3 Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| E-Mail Address |  |