

Board Application

Tell Us About Yourself	Lout Nouse		A 41-	
First Name:	Last Name:		/MI:	
Home Address:	City, State:		Zip:	
Home Phone/Cell Phone:				
Email:				
Profession:				
Tell us a little about your	background and please at	ttach your resu	me	
Employer/Business Name:				
Business Address:	City:	State:	Zip:	
Business Telephone:	Business E-Mail: _			

Please feel free to attach additional pages to your statement.

What other leadership and board positions have you held?

Important Board Membership Information

El Pasoan's Fighting Hunger Food Bank Director's meetings take place on the 4th Wednesday of each month at 3:00 p.m. An annual Board Retreat is held at a time and place to be decided. While the board does not have a formal attendance policy, it suggests 2/3^{rds} attendance of regular board meetings in a 12 month period, and no more than two consecutive un-notified absences or more than three absences annually.

The Board of Directors recommends that each board member participate in at least one committee. Please check any or all of the committees you would be interested in participating in:

_____ Fund development _____Food procurement _____Advocacy

_____ Board governance

e <u>Facilities</u>

_____Community Outreach

_I am willing to participate in any and all committees that I am requested or appointed to.

My skills are the following:



Affirmations (Please Initial Each)

If I am selected for membership to El Pasoans Fighting Hunger Food Bank's Board of Directors, I will make every effort to (please initial):

_____ Attend regularly scheduled meetings. In the event that I am unable to attend a regularly scheduled board meeting, I will notify the Executive Director or Board President of my absence at a reasonable time prior to the meeting.

_ Raise funds through personal giving, from my employer, through participation in fundraising events, or other means.

_____ Educate and familiarize myself with the Food Bank's Bylaws, strategic plan, mission, programs, financials, board materials and any other information or documentation that will help me make impartial and informed board decisions.

_____ Comply with all Federal and regulatory guidelines that govern board membership in accordance to government grants and funding and I will sign and comply with a Conflict of Interest Policy.

_____ Be active and participate with EPFH activities and events and represent the Board of Directors and El Pasoans Fighting Hunger Food Bank in a positive manner.

Applicant Signature:_____

Date:_____

FOR EPFH USE ONLY

Submitted by______Status_____