



Hays County Food Bank
 220 Herndon St.
 San Marcos, TX 78666
 (512) 392-8300
 www.haysfoodbank.org

BOARD OF DIRECTORS CANDIDATE APPLICATION

Please return this application completed and signed to: **Jamie Case, President of Hays County Food Bank Board of Directors, via e-mail to info@haysfoodbank.org, or by mail to:**
Hay County Food Bank
c/o Jamie Case
220 Herndon St.
San Marcos, TX 78666

You may add additional pages, if necessary, and your resume, if desired, but a resume will not be considered in lieu of completing this form.

Date			
Name	First Name	MI	Last Name
	Home Contact Information		
Address	Home Street/P.O. Box		
	Home City	Home County	TX Home Zip
Phone	Home Phone Number	Personal Cell Phone Number	
Email	Home Email Address		
Business Contact Information			
Business Name	Business Name		
Address	Business Street/P.O. Box		
	Business City	Business County	TX Business Zip
Phone	Business Phone Number	Business Cell Phone Number	
Email	Business Email Address		

Preferred Method of Contact

US Mail	<input type="checkbox"/> Home Address <input type="checkbox"/> Business Address
Phone	<input type="checkbox"/> Home Phone <input type="checkbox"/> Personal Cell <input type="checkbox"/> Business Phone <input type="checkbox"/> Business Cell
Email	<input type="checkbox"/> Home Email <input type="checkbox"/> Business Email

Business, civic, community, fraternal, political, professional, recreational, religious, social, service or other organizations you are or have been affiliated with.

Organization	Role/Title	Dates

Social Media Accounts (check all that apply and provide user name)

Social Media Type	User Name
<input type="checkbox"/> Facebook	
<input type="checkbox"/> Twitter	
<input type="checkbox"/> LinkedIn	
<input type="checkbox"/> Instagram	
<input type="checkbox"/> Google+	
<input type="checkbox"/> Other	

Education, Training and Certificates

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Skills, Experience and Interests (Check all that apply)

<input type="checkbox"/> Finance, accounting <input type="checkbox"/> Personnel, human resources <input type="checkbox"/> Administration, management <input type="checkbox"/> Nonprofit experience <input type="checkbox"/> Community service	<input type="checkbox"/> Education, instruction <input type="checkbox"/> Public speaking <input type="checkbox"/> Grant writing <input type="checkbox"/> Fundraising <input type="checkbox"/> Outreach, advocacy
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<input type="checkbox"/> Board development	<input type="checkbox"/> Strategic planning
<input type="checkbox"/> Program planning and evaluation	<input type="checkbox"/> Information technology
<input type="checkbox"/> Public relations, communications	<input type="checkbox"/> Warehouse management

Awards, Honors and Additional Information (Optional)

How do you feel that the Hays County Food Bank would benefit by your membership on its Board?

Food Bank Board Committees on which you would like to serve (Check all that interest you):

<input type="checkbox"/> Fund Development	<input type="checkbox"/> Finance
<input type="checkbox"/> Board Development	

By signing this application, I acknowledge that I have read the Hays County Food Bank Bylaws and Board Member Job Description, and I understand the following:

Hays County Food Bank (HCFB) Board members are expected to:

- make an annual financial contribution to HCFB at a personally meaningful level;
- strongly support the mission of HCFB and commit to advocating for the agency and its mission in the community ;
- attend new board member orientation within 30 days after election to the Board;
- serve on committee(s), attend committee meetings, and perform committee work, as needed;
- meet the attendance requirements set forth in the Bylaws;
- be willing to attend the annual workshop/retreat;
- volunteer at or on behalf of HCFB, as the need arises and schedule permits;
- respect the dignity and privacy of all persons affiliated with the HCFB; safeguard the confidentiality of HCFB clients, staff, and volunteers; agree not to discuss confidential matters with those outside the Board of Directors; and sign a confidentiality agreement;
- read, sign and abide by the Conflict of Interest Policy.

Signature of Applicant _____

Printed Name of Applicant _____

Date__

Internal Use Only

Date Application Received: _____

Date Applicant interviewed/toured with Board Development Committee: _____

Date Applicant attended Board meeting as a guest: _____

Elected to the Board *Yes* *No, Date:* _____, *Place No.:* _____

Date of New Board Member orientation: _____