

Board of Trustees Application



Hearing Loss Association of America Sarasota Chapter

Name: _____

Best Phone # _____

Street Address: _____

Email Address: _____

City, State, & Zip: _____

Email (continued) _____

HLAS Member: (Circle One) Yes No

HLAA Member: (Circle One) Yes No

Applying for: (Circle One) President Vice-President Secretary Treasurer Board Position

Are you currently serving on the HLAS Board, and if so, in what capacity? _____

1. **Brief statement about your interest in HLAS. Please include something about yourself and background that might be relevant to the HLAS mission/Board need. Please indicate if you have a hearing loss yourself.**

2. **Brief statement about any business and community organizations/boards which you have served or currently serve, other than HLAS.**

3. **Indicate any skills, qualifications and experiences that you have, which would be helpful to the HLAS Board of Trustees. Check any of the skills listed on the next page and provide a brief statement of your experience with each (use the backside of the page if**

- | | | |
|--|---|--|
| <input type="checkbox"/> Accounting/Budget | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Education |
| <input type="checkbox"/> Government | <input type="checkbox"/> Financial Mgmt | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Writing | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Event Management |
| <input type="checkbox"/> Web Design | <input type="checkbox"/> Legal | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Marketing/Advertising | <input type="checkbox"/> Health | <input type="checkbox"/> Excel/List Management |

4. **Please provide the names, phone numbers and email addresses of two references. Indicate the organizations where you interacted with these individuals, your relationship and your position. It is preferable that at least one of your references be a person affiliated with HLAS in some way.**

5. **Are you currently employed or do you represent the interests of any organization, vendor or distributor who currently or who may in the future provide services or products of any kind to HLAS, HLA-FL or HLAA? If no, please initial here _____ If yes, please explain below:**

6. **In order to participate on the HLAS Board of Trustees, you need a reliable Internet connection, an email address and a commitment to respond to any messages or votes in the time set by the President of the Board. Please indicate your agreement by initialing here: _____**

7. **The Board of Trustees has certain responsibilities as detailed by the Chapter Bylaws and the individual Board Member Job Description. If you have read both documents and are in full agreement to contribute in accordance with both directives, please initial here:**

I hereby affirm that all the information provided in this application is accurate and truthful.

Signature: _____ Date: _____

Please return this form to Susan Fulton, Nominating Committee Chair, no later than October 16, 2014. You are applying for a 2 year term, beginning January 1, 2015. Elections will take place at the December holiday general membership meeting on December 10, 2014. You are encouraged to attend. Please contact Susan Fulton with any questions at sefulton@sar.usf.edu. Applications may be emailed to Dr. Fulton or mailed to her at:

University of South Florida Sarasota-Manatee

Attention: Dr. Susan Fulton

8350 N. Tamiami Trail, B 214

Sarasota, FL 34243