



**AIDS doesn't care who you are. We do.**

**APPLICATION FOR APPOINTMENT TO THE BOARD OF DIRECTORS  
BIG BEND CARES, INC.**

2201 South Monroe Street, Tallahassee, Florida 32301

Telephone 850.656.2437 Fax 850.942.6402

**Agency Description**

Big Bend Cares is a 501 (c) (3) agency that serves Area 2B, a Florida Department of Health designated eight-county area including Tallahassee, the capital of Florida. Area 2B is a portion of the "Big Bend" that stretches across Florida's panhandle. Big Bend Cares is the only HIV/AIDS organization to provide case management services, and is the primary AIDS service organization providing HIV/AIDS education in this mainly rural region. Big Bend Cares exists to provide support to community members living with HIV/AIDS in the form of practical, financial, and emotional assistance. Big Bend Cares' commitment to the community is achieved through case management, prevention and education programs, and volunteer services.



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### **Board Member Job Description**

- An effective Board Member:
- Actively participates in fund-raising for the organization. (Choice of direct solicitation, participation in at least one special event, or grant writing.)
- Regularly attends Board meetings in accordance with the by-laws, committee meetings, other Board functions, and special events.
- Actively participates in committee activities, minimum one committee per year.
- Accepts assignments and completes tasks competently and punctually.
- Stays informed about issues confronting the organization, including financial, political, and legal.
- Prepares for meetings by reading financial statements, minutes, and reports.
- Represents the organization in the community.
- Builds a collegial working relationship with other Board members that contributes to consensus.

### **Board Member Time Commitments**

- **Board Meetings**—monthly attendance, 4<sup>th</sup> Tuesday of each month. Minimum one hour meeting time. Additional preparation time required.
- **Committee Meetings**—monthly attendance. Minimum one hour meeting time. Some committees meet at lunch and require additional driving time.
- **Special Events**—held approximately four times per year. Time varies for each event; however, anticipate frequent committee meetings, tasks, and event participation.
- **Client Holiday Party**—held in December. Range of one to three hours. Board is responsible for meat/money donations, party set-up, hosting clients, and clean-up. Support is provided by staff and others.
- **Board Officer**—monthly attendance Executive Committee. Minimum one hour meeting time. Extra time required to write/review minutes, sign checks, etc.
- **NOTE**—Additional time may be required for orientation, community activities, lobbying, United Way presentations, and miscellaneous events.



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**Personal Information**

NAME \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (CELL) \_\_\_\_\_ (FAX) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PREFERRED METHOD OF COMMUNICATION: \_\_\_\_\_ E-MAIL \_\_\_\_\_ HARD COPY

PLACE OF EMPLOYMENT \_\_\_\_\_ PROFESSION \_\_\_\_\_

**YOUR BACKGROUND**

DESCRIBE YOUR EXPERIENCE IN COMMUNITY-BASED ORGANIZATIONS, INCLUDING SERVICE ON BOARDS OR ADVISORY COMMITTEES.

BRIEFLY EXPLAIN YOUR KNOWLEDGE OF THE ISSUES SURROUNDING HIV/AIDS.



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INDICATE THE EDUCATION OR SKILLS YOU CAN CONTRIBUTE TO OUR BOARD:

- ACCOUNTING
- BUSINESS MANAGEMENT
- COMPUTER SCIENCE
- EDUCATION
- FINANCE
- FUND-RAISING
- GRAPHIC ARTS
- LAW
- LOBBYING/GOVERNMENT
- MEDICAL
- NUTRITION
- PUBLIC RELATIONS
- OTHER

DESCRIBE THE QUALITIES YOU WISH TO SHARE AND THE CONTRIBUTIONS YOU CAN MAKE IF ELECTED TO THE BOARD.

WHY ARE YOU INTERESTED IN SERVING AS A BIG BEND CARES BOARD MEMBER?

WHO RECOMMENDED YOU AS A CANDIDATE FOR BOARD MEMBER?



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PLEASE LIST THREE REFERENCES:

NAME

RELATIONSHIP

TELEPHONE NUMBER

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**Have you ever been convicted of a crime ?  Yes  No**

**If yes, please explain the charges and list the date, county and state of the conviction:**

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**Have you ever pled nolo contendere to a crime?  Yes  No**

**If yes, please explain the charges and list the date, county and state of the plea: \_\_\_\_**

**Have you ever pled guilty to a crime?  Yes  No**

**If yes, please explain the charges and list the date, county and state of the plea: \_\_\_\_**

**Have you ever had adjudication of guilt withheld for a crime?  Yes  No**

**If yes, please explain the charges and list the date, county and state of the adjudication:**

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**If you answered yes to any of the above questions, were your civil rights suspended?**

**Yes  No**

**If so, have your civil rights been restored?  Yes  No**

**If yes, please provide the date, county and state where restored: \_\_\_\_\_**



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**Have you ever knowingly engaged in behavior that was likely to transmit HIV with someone who was not aware of your HIV status?"? \_\_\_\_\_Yes \_\_\_\_\_No**

**If yes, please explain:**

**Note: A "YES" answer to these questions will not automatically bar you from appointment. The nature, relatedness, severity and date of the occurrence are considered.**

**I hereby certify that all statements made on this application are true. I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me from consideration and, if I am appointed to the board, may be grounds for my removal at a later date.**

**I understand that Big Bend Cares, Inc. may conduct a background/screening check in accordance with Big Bend Cares' policy to verify any information I have provided in connection with my application or to determine my suitability for appointment. I understand that any omission, falsification, misstatement or misrepresentation on this application will be grounds for rejection or removal, if appointed.**

**I expressly authorize, without reservation, Big Bend Cares, Inc., its representatives, employees or agents to contact and obtain information from all references and to otherwise verify**



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**the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have against Big Bend Cares, Inc., its agents, employees or representatives, for seeking, gathering and using such information in the application process. I also hereby waive any and all rights and claims I may have against all other persons, corporations or organizations for furnishing such information about me.**

**The mission of Big Bend Cares, Inc., is to link people who are living with HIV to needed services, as well as provide support to people affected by the disease. Big Bend Cares also wants to do all it can to stop the spread of this terrible disease. To that end, Big Bend Cares provides a wide range of HIV/AIDS prevention education, and HIV and AIDS awareness services. Big Bend Cares' Board Members are expected to support the mission of Big Bend Cares.**

**I hereby certify there is nothing in my past or present which would negatively reflect on Big Bend Cares' mission of patient support or prevention and education about HIV/AIDS.**

**By applying for appointment to the board, I hereby agree to support the mission of Big Bend Cares and will promote HIV/AIDS patient support, prevention, education and awareness in my personal and professional life.**

**PLEASE ATTACH A COPY OF YOUR RESUME TO THIS APPLICATION.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



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