**Family Voices Board of Directors Application**

Family Voices is seeking individuals to serve on the national Board of Directors. We seek nominees who will work collaboratively and cooperatively to further expand the capacity of Family Voices to represent the children, youth, and families we serve across diverse cultural, ethnic, and socioeconomic backgrounds.

We are looking for nominees with at least some of the following qualities or experiences:

🎔 Family leadership

🎔 Fundraising experience

🎔 Accounting, Legal, and/or Investment experience

🎔 Pediatric experience

🎔 Health care organization or financing experience

🎔 Knowledge of and passion for children and youth with special health care needs and their families

In addition, we are looking for the following characteristics in nominees:

🎔 Current or previous experience on task forces, commissions, or governing boards

🎔 Diverse cultural, ethnic, socioeconomic, and geographic representation

🎔 Commitment to improving systems of care and support for children and youth with special health care needs and their families

🎔 Willingness, time, and availability to participate in board conference calls, an in-person meeting,

and regular committee work.

The Board term is 3 years. If you are interested in serving on the Family Voices Board of Directors, please complete the Director Application, attach a bio and/or resume and e-mail to:

**Jim Perrin**

**Chair Family Voices Board Nominating Committee**

**E-mail: jperrin@mgh.harvard.edu**

**Please return by November 15, 2019**

Sincerely,

Jim Perrin

Chair, Family Voices Board Nominating Committee

Attachment: Director Application

DIRECTOR APPLICATION

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Board of Directors**

**DIRECTOR APPLICATION**

Name:

Date:

Title:

Mailing Address:

E-Mail Address:

Fax Number:

Work Telephone:

Home Telephone:

Are you a family member of a child or youth with a disability and/or chronic illness? Yes \_\_ \_\_\_ No\_\_\_\_\_\_\_

Ethnic background (OPTIONAL)

Please tell us why you would like to serve on the Family Voices Board of Directors.

Are you currently involved with other agencies and/or organizations that may present a conflict of interest?

Yes\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_ \_\_\_ Not Sure\_\_\_\_\_\_\_\_\_\_\_

The Family Voices Board holds bi/monthly meetings via conference call and an annual face-to-face meeting. Additional meetings may be scheduled on an as needed basis. Would you be able to commit to these?

Yes No

Are you available to participate in committee work that may include monthly to quarterly conference calls?

Yes No

An annual donation based on each member’s personal and employment circumstances and /or a commitment to fundraising activities is expected from Family Voices Board Members. Would you be able to commit to this?

Yes No

Please tell us how you learned of this position:

***PLEASE INCLUDE A PHOTO and BIOSKETCH (ONE PAGE MAXIMUM) WITH THIS APPLICATION DETAILING YOUR BACKGROUND AND EXPERIENCES WORKING WITH CHILDREN WITH SPECIAL HEALTH CARE NEEDS AND THEIR FAMILIES. ALL MATERIALS CAN BE SUBMITTED ELECTRONICALLY.***