



You have been recommended as a potential candidate to serve on the Heart of Illinois Down Syndrome Association Board of Directors. The nominating committee wants you to know that it is their opinion that you can provide valuable expertise to the Board. Our mission is driven by volunteer support and individuals with a passion for creating positive outcomes for people with Down syndrome.

We have compiled the enclosed materials to assist you in making a determination of your ability to serve on the Board. We have included a summary of the responsibilities of a director with a general outline of the time commitment involved. There is also a background form we request you complete and send back so the board can vote on your candidacy. Please complete the forms as soon as possible and return them to the President/Nominating Officer prior to the Annual Meeting in December.

We look forward to receiving your candidate packet and will keep you informed of your status during the nomination and selection process. The board will vote on all eligible candidates at our December meeting and you will be notified shortly thereafter if you have been selected to serve. We appreciate your support and consideration of a board position with HOIDSA. If you have any questions or need any additional information, please do not hesitate to call 309-712-4852

Sincerely,

Board President

Mailing address to return packet to:
Heart of Illinois Down Syndrome Association
325 E. Queenwood St.
Morton, IL 61550



Board of Directors Candidate Packet

Purpose

The purpose of this packet is to provide information in a written form which a prospective Board candidate can review, question and consider as he/she makes the decision to make the commitment to join the Board of the Heart of Illinois Down Syndrome Association. This is introductory in nature only. If the candidate is selected, additional information and documentation will be included at the time of formal Board orientation.

The following are the contents of the packet:

- ◆ Letter of introduction from Board President
- ◆ Responsibilities checklist and outline
- ◆ Candidate Profile

Initial Contact

The Board President/designee should make contact after the Nominating Committee has determined that a potential candidate would provide a valuable expertise/resource to the Board. Once the initial contact has been made and a member of the Nominating Committee has followed up with the candidate and determined a willingness to serve, the candidate is presented to the full Board for vote.

Candidate Selection

Usually individuals will be brought to the nominating committee due to a personal knowledge of an individual already actively participating with HOIDSA or through a personal connection in the community. The nominating committee performs a careful analysis of the candidate, in order to assure a Board membership, which will have the ability to support meeting the mission through establishing policies, programming and fundraising. These individuals need to be visionary and global thinkers assessing the needs of all individuals affected by Down syndrome in our geographic service area.

Board Meetings

The Board of Directors meets the First Monday of every month from 6:00 p.m.-8:00 p.m. Board members are expected to attend board meetings.



DIRECTOR RESPONSIBILITIES CHECKLIST

HOIDSA understands that potential board members have many personal and professional commitments. The checklist below is not exhaustive but should serve as a good example of what a board member's time commitment will consist of. It is our goal to keep Board members apprized of HOIDSA business in a timely and efficient manner and to not cause undue hardship on its directors' time. A potential board member can expect to spend about 4-6 hours per month on HOIDSA related business. If you have any questions about this checklist please contact the Board President for further clarification.

All members of the Board of Directors are asked to make the following commitments.

PARTICIPATION, PLANNING & EVALUATION

- Attend a Board Orientation
- Attend monthly board meetings (1st Mon of each month 6:00 p.m.-8:00 p.m.)
- Accept and respond to emails regarding board/committee business (1 hour per month)
- Sit on at least 1 subcommittee and attend meetings

FISCAL MANAGEMENT & FUND RAISING

- Make an annual Director's Gift to HOIDSA if so inclined
- Actively participate in fund raising by
 - Asking friends, associates, and colleagues to financially support HOIDSA
 - Providing names for potential donors, sponsors, fund raising event invitation lists.

We recognize that there are some situations that prohibit Directors from directly soliciting funds, and that those Directors can assist in other ways. Please let us know if this is the case.

BOARD DEVELOPMENT

- When needed, seek out candidates for nomination to the board of directors, committee members, and volunteers.

COMMUNITY RELATIONS

- Act as an ambassador of HOIDSA to continually enhance our public image.
- Speak on behalf of the HOIDSA to lay audiences.
- Attend HOIDSA sponsored activities to interact with members as needed.
- Attend local fund raising events

I have reviewed the responsibilities above and feel that I can make the commitment required to join the board of directors for the Heart of Illinois Down Syndrome Association.

Signature

Date



Board Member Application

Name _____ Home Telephone _____

Address _____ Cell Telephone _____

Present Employer _____ Work Telephone _____

Employer Address _____

Relevant Experience: _____

What are your interests for serving on the HOIDSA board? _____

How much time can you devote to HOIDSA duties/activities? _____

Please list any questions you have: _____

Reference 1. _____

Reference 2. _____

Signature

Date

Media Release

I, _____, hereby authorize the Heart of Illinois Down Syndrome Association to use my name and or photograph in promotional materials and in the media if I am selected as a board member.

Signature _____ Date _____

Signature Release

I, _____, hereby authorize the Heart of Illinois Down Syndrome Association to use my electronic signature only when necessary, and only with my prior knowledge on correspondence for the Heart of Illinois Down Syndrome Association.

Signature _____ Date _____

BASIC AREAS OF RESPONSIBILITY FOR DIRECTORS OF NON-PROFIT BOARDS

PLANNING & EVALUATION

- Determine mission, philosophy, purpose
- Develop organizational and program goals
- Evaluate performance of Board

FINANCE

- Adopt policy for fiscal management
- Ensure adequate resources
- Adopt organizational budget
- Monitor management of resources
- Monitor management of property

HUMAN RESOURCES

- Develop Board membership
- Encourage volunteer involvement
- Maintain adequate staffing
- Adopt personnel policy

OPERATIONS

- Adopt policy on effective Board and staff management
- Assure adherence to all legal requirements
- Monitor organizational structure and program

COMMUNITY RELATIONS

- Ensure client/consumer needs are met
- Enhance public image of organization
- Market organization, programs and services
- Assure cooperative action throughout community

I have read and understand the above responsibilities and feel that I can serve on the Board of Directors for the Heart of Illinois Down Syndrome Association.

Signature

Date