

## Mark's Mission Board of Directors Application Form

Dear Candidate,

Please complete the following information to assist our Nominating Committee in its selection of candidates for election to the Mark's Mission Board of Directors. In addition to your sending your resume, this form must be completed in its entirety, which you need to print out, complete and mail or return as a PDF by emailing Brittany@marksmission.org \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: Home Address:\_\_\_\_\_ Present Employer: Title or Position: Work Address:\_\_\_\_\_ Home Phone:\_\_\_\_\_ Cell Phone:\_\_\_\_\_ Email Address: Preferred method of contact: Phone  $\Box$ Text 🗆 Email□ Why would you like to be on the Board of Directors of Mark's Mission? Do you have prior board experience? Yes  $\Box$  No  $\Box$ Current or past memberships in clubs, civic organizations, or associations: Current or past positions held on Committee or Board including organization name, title, description of duties and dates held:



Please elaborate on any experience and familiarity you have with board responsibilities:

Experience and o	capability in each	of the following areas you	u wish to serve:	
Finance: 🗆	Marketing: 🗆	Fundraising	g: 🗆 Audit: 🗆	
Communications	s:⊡ Volun	teerism:□	rism:□ Education:□	
Community Eng	agement: $\Box$	Technical: 🗆	Development: $\Box$	
Which program	would you like to	participate in most?		
NICU Care Pack	ages 🗌 🛛 PICU (	Care Packages 🗆 🛛 Comr	munity Partnerships $\Box$	
Food and Fuel A	ssistance Program	n 🗆 🛛 Financial Assistan	ce Program 🗆	
Are you immedia	ately available and	I willing to serve? Yes $\Box$	No□	
If no, when are y	ou available?			
	ience, we offer vi gular board meeti	•	here any impediment to your	
lf yes, please ela	borate:			
		-	d be considered in evaluating ard of Directors (limited to 50	



Please list three references. These individuals can be of any academic, professional, or personal standing who can attest to your skills and abilities. We kindly ask that these individuals are not related to you by blood, marriage, or law. If you know someone on the current Board of Directors of Mark's Mission, please list them below:

Person	1
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Name:	Email Address			
Type of Reference? Academic $\Box$ Professional $\Box$ Personal $\Box$ Years known:				
Person 2				
Name:	Email Address:			
Type of Reference? Academic $\Box$ Professional $\Box$ Personal $\Box$ Years known:				
Person 3				
Name:	Email Address:			
Type of Reference? Academic $\Box$ Profess	ional 🗆 Personal 🗆	Years known:		



I understand that my nomination is at the pleasure of the Nominating Committee. I understand that the Nominating Committee seeks persons of the highest personal and professional integrity who have demonstrated exceptional ability and judgment to serve as independent members of Mark's Mission Incorporated Board of Directors. I certify that:

• The information supplied in this self-nomination is complete and accurate to the best of my knowledge,

• I understand that if I provided false or misleading information it may be cause for disqualification from consideration in this process and that if it is discovered after I might be selected as a Board member, it may be cause for removal from that position,

• I understand that the information supplied to the Mark's Mission Nominating Committee in this process will be maintained as confidential by the Mark's Mission Nominating Committee and its agents, but I authorize the Mark's Mission Nominating Committee and its agents to verify the accuracy of the information I have provided and to use the information I have provided for all purposes related to this nomination process, and

• I understand that further and more detailed responses will be required of me if I become a final candidate. I hereby give my permission for this nomination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return via email, or mail a hard copy to:

Mark's Mission Incorporated Board of Directors

Attn: Nominating Committee

52 Tuscan Way, Ste. 202 Box 145

St. Augustine, Florida, 32092