Prospective HealthAdvocateX **Talent Scout**

Please fill this out if you are interested in being considered for our Board

*Contact Information*

Name:

Address:

Email:

Best Phone Contact:

Referred By:

Your Website:

Please Provide a Brief Bio (100-300 Words):

LinkedIn Profile Link:

Facebook:

Other Social Media:

*Skill Inventory (Check all that apply):*

|  |  |  |
| --- | --- | --- |
|  | How many years of experience do you have in this area? | Would you be interested in doing this for HealthAdvocateX? |
| Board Experience |  | c Yes c No c Maybe |
| Inclusion, Diversity, Equity, Access Experience |  | c Yes c No c Maybe |
| Finance |  | c Yes c No c Maybe |
| Fundraising/Development |  | c Yes c No c Maybe |
| Events |  | c Yes c No c Maybe |
| Health Advocate |  | c Yes c No c Maybe |
| IT/Tech/AI |  | c Yes c No c Maybe |
| Legal |  | c Yes c No c Maybe |
| Marketing/PR/Communications |  | c Yes c No c Maybe |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | c Yes c No c Maybe |

What is Your Interest in HealthAdvocateX:

c Board of Directors

c Committee

c Advisory

c Volunteer

c I Don’t Know, Let’s Talk!

Please tell us about you and what you think you can contribute to HealthAdvocateX:

**Board Expectations**

Board Members have the following duties and expectations:

* Participate in monthly meetings (3rd Wednesday of the month, 5 pm PT/8 pm ET) via Zoom
* Participate in our Annual Board Retreat (February 21-22, 2025 – half day afternoon Sat/half-day Sun morning /Virtual)
* Support our mission through strategic advice, relationship development, connections as well as participation in activities and events
* Annually sign Conflict of Interest Policy
* Adhere to our Code of Ethics if you are practicing health advocacy
* Board terms are three years.

Based on these expectations, how interested are you in being considered as a Board Member?

\_\_ Very Interested

\_\_ Interested

\_\_ Would like more information