

ACCEPT Board of Directors
Statement of Responsibilities and Obligations

As a Board Member of ACCEPT, I understand that my duties and responsibilities to the organization include the following:

I am fiscally responsible, with the other Board Members, for this organization. It is my duty to know what our budget is and to be active in planning that budget, and planning the fund-raising to meet that budget. To that end, I pledge to personally support ACCEPT through financial contributions of my time and talents, to the best of my ability.

I am legally responsible, along with the other Board Members, for this organization. I am responsible to know and approve all policies and programs.

I know that I can be held personally liable for civil damages as a result of my management or operation of ACCEPT *if my acts or omissions involve intentional misconduct, fraud, or a knowing violation of law.*

I am morally responsible for the health and well being of this organization, so as a Member of the Board, I pledge to carry out the mission of ACCEPT.

I will actively engage in fund-raising for ACCEPT to the best of my ability.

I understand that as a Member of this Board I must be active on at least one committee and may have to serve as a committee chair. I further understand that I may be asked to assume a position of executive responsibility on the Board. I will, if at all possible, ACCEPT nominations for Board office and will carry out the duties of the position to the best of my ability.

I will read any training materials given to me by the Executive Director of ACCEPT and will make every effort to familiarize myself with the running of the organization.

I will not make public statements representing ACCEPT without prior approval of the officers of the Board.

I understand that no quotas have been set, that no rigid standards of measurements and achievements have been formed for Members of the Board, by being a Member of the Board, it's my understanding that every Board Member is making a statement in good faith in support of other Board Members.

We trust each other to carry out the above obligations and responsibilities to the best of our ability, each in our own way. I know that if I fail to act in good faith, I must resign or someone from the Board may ask me to resign.

Board Member Signature: _____ Date _____

**RESPONSIBILITIES AND OBLIGATIONS OF ACCEPT
TO MEMBERS OF THE BOARD OF DIRECTORS**

As a Board Member, ACCEPT has some responsibilities and obligations to you. They include:

Providing you, without request, monthly financial reports that will allow you fulfill your *duty of care*.

You can call on paid staff to discuss program and policy goals and objectives.

Other Board Members and staff will respond in a straightforward and thorough fashion to any questions you may have, which you feel are necessary to carry out your fiscal, legal or moral responsibilities and obligations to ACCEPT

The Executive Director will inform you, and all other Members of the Board of the possibility of any legal or fiscal jeopardy.

Board Member Signature

Date

CONFIDENTIALITY POLICY OF ACCEPT

The Board of Director Members of ACCEPT may not disclose, divulge or make accessible to any person, including, but not limited to, relatives, friends, and business, and professional associates, any confidential information belonging to, or obtained through, their affiliation with ACCEPT.

No information about a client will be released by anyone, or to anyone, without a signed authorization by the client. Any authorization by the client. Any authorization by a client shall be limited to the purpose stated within the authorization or release.

Board Members shall use confidential information solely for the purpose of performing services for ACCEPT.

Board Members must exercise good judgment and care at all times to avoid unauthorized or improper disclosures of confidential information. Board Members must be sensitive to the risk of inadvertent disclosure such as conversations in public places or on speakerphones, or leaving confidential information in desks or in plain view.

This policy is not intended to prevent disclosure where disclosure is required by law.

I have read the confidentiality policy and agree to abide by it.

Board Member Signature: _____ Date _____

ACCEPT BOARD OF DIRECTORS APPLICATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell #: _____

Email: _____ Home Fax: _____

Employment: _____

Work #: _____ Fax: _____

If necessary, may we contact you at work? ___ Yes ___ No

Have you, any Member of your family, or a friend been involved in substance abuse or have been HIV/AIDS positive? ___ Yes ___ No

What is your volunteer experience? _____

Education: (Check all that apply to you.)

___ High School Diploma

___ Degree from Community College

___ Degree from University or College

___ Professional certification or degree

___ Specialized training in HIV/AIDS

___ Other: _____

Areas of interest:

Check each area that you are interested in and would be willing to work in:

Fund-raising Lobbying Public Relations Legal

Safe House Volunteer Community Outreach

Office Volunteer Training Clients

Arts and Crafts with Clients Computer data Input

Children's Programs Crisis telephone line

Please list two personal references:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

CONFLICT OF INTEREST POLICY OF ACCEPT

The standard of behavior at the ACCEPT organization is that all staff, volunteers and Board members scrupulously avoid conflicts of interest between the interests of the A.C.C.E.P.T. organization on one hand, and personal, professional, and business on the other. This includes avoiding potential and actual conflicts of interest, as well as perceptions of conflicts of interest.

I understand that the purpose of this policy is to protect the integrity of the ACCEPT organization's decision making process to enable our constituencies to have confidence in our integrity and reputations of volunteer's staff and board members. Upon or before election, hiring or appointment, I will make a full, written disclosure of interests, relationships, and holdings that could potentially result in a conflict of interest. This written disclosure will be kept on file and I will update it as appropriate.

In the course of meetings or activities, I will disclose any interests in a transaction or decision where I (including my business or other nonprofit affiliations), my family and /or my significant other, employer, or close associates will receive a benefit or gain. After disclosure, I understand that I will be asked to leave the room for the discussion and will not be permitted to vote on the question.

I understand that this policy is meant to supplement good judgment, and I will respect its spirit as well as its wording.

Board Member Signature: _____ Date _____