



Hayward Neighborhood Alert Board of Directors Application Form

Thank you for your interest in serving as a member of the Board of Directors for Hayward Neighborhood Alert (HNA)! Serving on the board is a rewarding experience and an opportunity for personal and professional growth. Completing this form will help you understand the skills and time/resource commitments of this leadership position. You may find it helpful to read through the entire application and Board Member Responsibilities before you begin filling it out. Use this form to provide useful information about yourself, to ensure the best match between yourself and HNA. This application will be kept confidential and on file at the Hayward Police Department. Applications are used by the Board's Nominating Committee to identify and evaluate potential board candidates. All directors are elected by a majority vote of current HNA members.

BOARD MEMBER RESPONSIBILITIES

1. Serves a minimum of one (1) two-year term on the Board.
2. Attend a minimum of four (4) General Meetings each year. Attends a minimum of eight (8) board meetings each year. The full Board of Directors meets the 2nd Monday of every month from 3:00 to 5:00 pm. (Subject to change based on participation)
3. Makes a serious commitment to participate actively in HNA committee work. The HNA is a working board where each director may chair a committee.
4. Stays informed about committee matters, is prepared for meetings, and reviews and comments on minutes and reports.
5. Builds a mutual working relationship with other committee members that contributes to consensus.
6. Participates in the committee's annual events and planning efforts.
7. Participates as a Block Captain in the city of Hayward.

Please select a category(s) you are interested in serving:

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> President | <input type="checkbox"/> Vice President | <input type="checkbox"/> Treasurer |
| | <input type="checkbox"/> Secretary | <input type="checkbox"/> Block Captain Representative |

Your name: _____

Your Home Phone Number: _____ Cell number: _____

Your address: _____

Your email address (please write it carefully):

Briefly describe why you would like to join our Board of Directors:

Your current organizational affiliations (names of the organization and your role(s):

1. _____
2. _____
3. _____
4. _____

Which of your skills would you like to utilize on the Board? Check those that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Board development | <input type="checkbox"/> Finance/Treasurer | <input type="checkbox"/> Training |
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Social Media/Marketing |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Membership | <input type="checkbox"/> Volunteer management |
| <input type="checkbox"/> Block Captain development | <input type="checkbox"/> Community networking | <input type="checkbox"/> Website development |

Other skill(s) of yours that you would like to utilize?

What would you like to gain out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?

Do you have any worries or concerns about joining the board? _____

Do you have personal aspirations that could be enhanced by board service? _____

Do you have any expectations from the management of the board? _____

How important is socially interacting with other members? _____

If you join the Board, you agree that you can provide at least 2-4 hours a month in attendance to Board and Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.

Your signature: _____ Date: _____

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

Yes

No

Perhaps



Willingness to Serve Statement

Please write a statement showing your willingness to serve on the HNA Board. Please take into consideration the following questions.

1. What makes HNA mission meaningful to you?
2. What are some of your prior board leadership experiences?
3. What skills, connections, resources, and expertise do you have to offer and are willing to use on behalf of the organization?
4. How much time a month can you commit to meetings and serving the mission?
5. What movitates you?

Your signature: _____ Date: _____