## Board Member Expectations

I recognize the important responsibility I am undertaking in serving as a member of the Co-Applicant Board for the Pinellas County's Health Care for the Homeless Program, and hereby pledge to carry out in a trustworthy and diligent manner the duties and obligations in my role as a board member.

**My Role:** I acknowledge that my primary roles as a board member are (1) to contribute to defining the organization's mission and governing the fulfillment of that mission, and (2) to carry out the functions of the office of Board Member and/or Officer as stated in the bylaws.
My role as a board member will focus on the development of policies that govern the implementation of institutional plans and purposes. This role is separate and distinct from the role of the Project Director, who determines the means of implementation.

**My Commitment:** I will exercise the duties and responsibilities of this office with integrity, collegiality, and care.

**Pledge: (check all that apply)**

- ☑ To establish as a high priority, my attendance at all meetings of the board and committees on which I serve.
- ☑ To be prepared to discuss the issues and business addressed at scheduled meetings, having read the agenda and all background material relevant to the topics at hand.
- ☑ To work with and respect the opinions of my peers who serve this board and to leave my personal prejudices out of all board discussions.
- ☑ To always act for the good of the community.
- ☑ To represent this organization in a positive and supportive manner at all times and in all places.
- ☑ To observe the parliamentary procedures and display courteous conduct in all board and committee meetings.
- ☑ To refrain from intruding on administrative issues that are the responsibility of the organization's management team, except to monitor the results and prohibit methods that conflict with board policy.
- ☑ To avoid conflicts of interest between my position as a board member and my personal life. If such a conflict does arise, I will declare that conflict before the board and refrain from voting on matters in which I have a conflict.
- ☑ To support in a positive manner all actions taken by the Board of Directors even when I am in a minority position on such actions.
- ☑ To agree to serve on at least one committee or task force, and participate in the accomplishment of its objectives. If I chair the board, a committee, or a task force, I will:
  - Call meetings as necessary until objectives are met.
  - Conduct the meetings in an orderly, fair, open and efficient manner.
  - Make committee progress reports/minutes to the board at its scheduled meetings, using the adopted format.
- ☑ To participate in:
  - The annual strategic planning retreat.
  - Board self-evaluation programs.
  - Board development workshops, seminars, and other educational events that enhance my skills as a board member.

If, for any reason, I find myself unable to carry out the above duties as best as I can, I agree to resign my position as a board member/officer.

Signature _____ Date 10/2/24

# HEALTH CARE FOR THE HOMELESS CO-APPLICANT BOARD APPLICATION

| PERSONAL INFORMATION | | | |
|---|---|---|---|
| ☑ MR. ☐ MRS. ☐ MS. ☐ DR. ☐ OTHER: | | | |
| FIRST NAME **David** | | LAST NAME **Moran** | |
| GENDER IDENTITY: ☐ MALE ☐ FEMALE | | | |
| DATE OF BIRTH: | 11/27/1977 | | |
| HOME ADDRESS | | BUSINESS AFFILIATION | |
| STREET: | 4833 16th Avenue N | EMPLOYER: | Law Offices of Public Defender, Sara Mollo, Sixth Judicial Circuit |
| | | STREET: | 14250 49th Street |
| CITY: | St. Petersburg | CITY: | Clearwater |
| STATE: | FL | STATE: | FL |
| ZIP: | 33713 | ZIP: | 33713 |
| HOME PHONE: | 727-512-4412 | OFFICE PHONE: | 727-464-6595 |
| CELL PHONE: | SAME | FAX: | N/A |
| EMAIL: | dcmnole99@gmail.com | EMAIL: | davidmoran@flpd6.gov |

| SKILLS, AFFILIATIONS & EXPERIENCE | | |
|---|---|---|
| **Please check any area(s) of expertise you bring to the Board ( ✓all that apply)** | | |
| ☐ Health Care | ☐ Financial/Banking | ☐ Social Services |
| ☐ Judicial | ☐ Law Enforcement | ☐ Legislative |
| ☑ Legal | ☐ Education | ☐ Business/Corporate |
| ☐ Public Relations | ☐ Insurance | ☑ Government |
| **Please check any area(s) of expertise you bring to the Board ( ✓all that apply)** | | |
| **ETHNIC/RACIAL BACKGROUND** | | |
| ☐ African-American | ☐ Asian/Pacific Islander | |
| ☑ Caucasian | ☐ Hispanic/Latino | |
| ☐ Multi-Racial | ☐ Native American | |
| ☐ Other: | | |

1. **Have you received medical or dental services at one of our facilities (MMU or Bayside Health Clinic) within the past two (2) years?**

   ☐ **Yes** ☑ **No**

2. **Do you live and/or work within Pinellas County (check all that apply)?**

   ☑ **Live** ☐ **Work**

3. **Nature of employment** *(you may attach a CV/resume, if applicable)*: **Executive Director/Attorney at the Law Offices of the Public Defender**

4. **Please list any special skills that you think might be relevant.**

**5. Please list any other affiliations including non-profits, civic, profession, and social organizations.**

**Board Member, R'Club for Kids, Inc.; Board Member, Celma Mastry Ovarian Cancer Foundation; President, Clearwater Bar Foundation; Board Member, St. Petersburg Bar Association.**

**6. Are you related to any current Board member or employee of Pinellas County?**

☑ **No** ☐ **Yes, Explain:**

**7. Are you employed by Pinellas County?**

☑ **No** ☐ **Yes, Explain:**

**8. Why do you want to be a member of the Co-Applicant Board? Having grown up here in Pinellas County, and as a member of the Public Defender's Office, I care deeply about all our citizen's getting adequate healthcare, particularly our most vulnerable and the unhoused.**

**9. Any additional information you would like to share with the board?**

**10. Please read the Board Expectations (page 2). If you become a Co-Applicant Board member, would you accept the responsibilities of the position as outlined in the Board Expectations?**

☑ **Yes** ☐ **No**

**PUBLIC DISCLOSURE**

The information you provide is voluntary and will only be used for the purpose of determining an appropriate fit for membership on the Co-Applicant Board for the Pinellas County Health Care for the Homeless Program. The information will be shared with members of the Health Care for the Homeless Co-Applicant Board and the Board of County Commissioners. As a public entity, the information you provide is subject to public records law. Statistical and demographic data will be used only in aggregate form for reports required by the Federal Government.

**Signature of Applicant :** _____ **Date:** 10/2/24