

HEALTH CARE FOR THE HOMELESS CO-APPLICANT BOARD APPLICATION

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

5/3/2017
Date

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PERSONAL INFORMATION			
<input checked="" type="checkbox"/> MR.	<input type="checkbox"/> MRS.	<input type="checkbox"/> MS.	<input type="checkbox"/> DR. <input type="checkbox"/> OTHER:
FIRST NAME	Michael	LAST NAME	Reposa
GENDER IDENTITY:	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
DATE OF BIRTH:	12/29/1963		
HOME ADDRESS		BUSINESS ADDRESS	
STREET:	Po Box 12222	STREET:	384 15th St North
CITY:	St. Petersburg	CITY:	St. Petersburg
STATE:	Florida	STATE:	Florida
ZIP:	33733	ZIP:	33705
HOME PHONE:		OFFICE PHONE:	727 954-7990
CELL PHONE:		FAX:	727 821-6244
EMAIL:		EMAIL:	Michael@svdpsp.org

SKILLS, AFFILIATIONS & EXPERIENCE		
Please check any area(s) of expertise you bring to the Board (✓all that apply)		
<input type="checkbox"/> Health Care	<input checked="" type="checkbox"/> Financial/Banking	<input checked="" type="checkbox"/> Social Services
<input type="checkbox"/> Judicial	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Legislative
<input type="checkbox"/> Legal	<input checked="" type="checkbox"/> Education	<input checked="" type="checkbox"/> Business/Corporate
<input checked="" type="checkbox"/> Public Relations	<input type="checkbox"/> Insurance	<input checked="" type="checkbox"/> Government
<input checked="" type="checkbox"/> Homeless Advocate	<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2. Do you work or reside within Pinellas County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3. Nature of employment (you may attach a CV/resume, if applicable): Society of St Vincent de Paul South Pinellas, Inc. CEO		
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.		
6. Are you related to any current Board member or employee of Pinellas County? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Explain:		

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7. Why do you want to be a member of the Co-Applicant Board?
Mobile Medical is vital to our mission in the care and wellness of the homeless.

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

9. 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 : *[Signature]* Date: *10/5/17*

FOR OFFICIAL USE ONLY	
HCH CO-APPLICANT BOARD	BOARD OF COUNTY COMMISSIONERS
This applicant has been: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	This applicant has been: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
By a majority vote by the Co-Applicant Board at a scheduled meeting held on: _____/_____/_____	By a majority vote by the Co-Applicant Board at a scheduled meeting held on: _____/_____/_____
Signed: _____ Board Chair, HCH Co-Applicant Board	As recorded in the Minutes of the Board of County Commission by the Clerk of the Court. No wet signature required.