

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.

Shirley Lopez
Signature

5/2/17
Date

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PERSONAL INFORMATION			
<input type="checkbox"/> MR.	<input type="checkbox"/> MRS.	<input checked="" type="checkbox"/> MS.	<input type="checkbox"/> DR. <input type="checkbox"/> OTHER:
FIRST NAME	SHEILA	LAST NAME	LOPEZ
GENDER IDENTITY:	<input type="checkbox"/> MALE	<input checked="" type="checkbox"/> FEMALE	
DATE OF BIRTH:	9-16-40		
HOME ADDRESS		BUSINESS ADDRESS	
STREET:	10606 FIRST ST N	STREET:	384 15th ST N
CITY:	ST Petersburg	CITY:	ST Petersburg
STATE:	FLORIDA	STATE:	FLORIDA
ZIP:	33716	ZIP:	33705
HOME PHONE:	727-744-2641	OFFICE PHONE:	727-954-7214
CELL PHONE:	727-744-2641	FAX:	727-821-6244
EMAIL:	sheila.lopez@tampabay.com	EMAIL:	sheila@subpsp.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 type="checkbox"/> Education	<input checked="" type="checkbox"/> Business/Corporate
<input type="checkbox"/> Public Relations	<input type="checkbox"/> Insurance	<input 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 Chief Operating Officer		
4. Please list any special skills that you think might be relevant.		
Finance, Homeless Shelter, Planning and Development		
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:		

