## **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 Com	mitment: I will exercise the duties and responsibilities of this office with integrity, collegiality, and care.				
Pledge: (	check all that apply)				
-12	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.				
ص/	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.				
ď	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.				
व	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.				
,	<ul> <li>To participate in:</li> <li>The annual strategic planning retreat.</li> <li>Board self-evaluation programs.</li> <li>Board development workshops, seminars, and other educational events that enhance my skills as a board member.</li> </ul>				
	y reason, I find myself unable to carry out the above duties as best as I can, I agree to resign my position as a ember/officer.				
Signature	Rulo lopes 5/2/17 Date				

## HEALTH CARE FOR THE HOMELESS CO-APPLICANT BOARD APPLICATION

PERSONAL INFORMATION							
☐ MR. ☐ MRS.		∠ MS.	DR.	OTHER:			
FIRST NAME SHELLA				LAST NAME	OPEZ		
GENDER IDENTITY:   MALE  FEMALE							
DATE OF	BIRTH:	9-16-4	D				
номе а	DDRESS	***		BUSINESS ADDRE	BUSINESS ADDRESS		
STREET: 10606 Fi		RET ST N	STREET:	384 ISTN			
CITY:		ST Peters	9700	CITY:	57 Petersburg		
STATE:		FLorida.		STATE:	FLORIDA		
ZIP:		33716		ZIP:	33705		
HOME PI	HONE:	727-744	-2641	OFFICE PHONE:	727954-7214		
CELL PHO	ONE:	727 - 744		FAX:	727 821 6244		
EMAIL:		Sheila lope		EMAIL:	Sheifa @ Sudpsp.org		
	tam	og bay m	com				
		NS & EXPERIENCE					
		rea(s) of expertise		Board ( ✓ all that ap			
	h Care		Financial/Ba		Social Services		
☐ Judici	91		Law Enforce	ment	Legislative		
<ul><li>Legal</li><li>Public</li></ul>	Relation		☐ Education☐ Insurance		Business/Corporate		
	less Adv		☐ Insurance ☐ Other:		Government		
Have you received medical or dental services at one of our facilities (MMU or Bayside Health Clinic)     within the past two (2) years?							
☐ Ye	□ Yes □ No						
2. Do yo	Do you work or reside within Pinellas County?						
☑ Ye	s 🚨	No					
3. Natur	e of emp	loyment (you may as	tach a CV/resume, if a	pplicable):			
Society of ST Vincent de Paul South Pinellas, Inc							
4. Please list any special skills that you think might be relevant.							
Tinanca, Homeless She Her i 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?							
.₽ No		res, Explain:			-		

## HEALTH CARE FOR THE HOMELESS CO-APPLICANT BOARD APPLICATION

7. Why do you want to be a member of the Co-Applicant Board? To be directly involved with the health core of the Homeless and ensure a safe and secure commonity.							
8. Any additional information you would like to share with the board?  I am deeply committed to the Homeless population  of Pinellas County.							
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							
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: 5/2/2017							
FOR OFFICIAL USE ONLY							
HCH CO-APPLICANT BOARD	BOARD OF COUNTY COMMISSIONERS						
This applicant has been:	This applicant has been:						
☐ Approved	☐ Approved						
☐ Not Approved	☐ 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.						