

Board of Directors Questionnaire

Thank you for your interest in working with United Cerebral Palsy of West Alabama, Inc. (UCPWA)

We request that you provide us with the/allowing information:

Name: _____ City: _____ Zip: _____

Date: _____ Home: _____ Work Cell: _____

Address: _____ Email: _____

Occupation _____

Personal Reference _____

Current involvement/connection with UCPWA or United Way (if any) _____

Please feel free to attach additional sheets of paper to complete your answers if necessary:

1. What skills, resources, and knowledge do you feel you can provide to UCPWA Board? _____

2. What time commitment do you feel comfortable making to the UCPWA Board? _____

3. How would you think that you personally might benefit from serving UCP as a Board Member?

4. Please explain how you could see yourself benefiting UCP? _____

5. Please list any committees or boards you have served or are serving on for the community, and what position/title you hold/held. Please describe. _____

6. Have you had any fund-raising experience? Yes No If yes, please explain:

7. Have you had any experience or association with persons with disabilities or dealing with disability issues? If so, please explain: _____

8. Are you willing to make a financial commitment to UCP to further the mission of the agency?

Yes No

9. Would you be able to attend early evening (6:00) meetings once every two months?

Yes No

10. Would you be willing to serve on a standing committee or fundraising committee?

Yes No

Please return to: The Nominating Committee Chairman or Executive Director via Fax 205.345.3035 or mail 1100 UCP Parkway, Northport AL 35475 – For more information please visit: www.ucpwa.org

UCPWA Board Member Annual Performance Plan

Mission: United Cerebral Palsy of West Alabama, Inc. creates opportunities for people with disabilities by providing a full array of services designed to promote independence and empower people to live a quality and productive life.

Vision: United Cerebral Palsy of West Alabama, Inc. envisions a community in which all people are empowered to advance their independence, productivity, and inclusion in the community.

Name of Board Member _____ Year _____

Criteria:

1. Annually Review and Adhere to the Bylaws for United Cerebral Palsy of West Alabama, Inc.
 - i. I have reviewed the Bylaws for attendance requirements and board meeting schedules.
2. Chair and/or serve on a standing committee or special project.
3. I commit to make a personal financial contribution to the organization's annual operating needs (annual fund) of \$_____ and to raise or bring in an additional \$_____ of funds, in kind services and/or material goods for the organization.
4. I understand that Board Members are expected to attend and/or participate in all UCP fundraising and public awareness events and commit to do so as my personal schedule permits
5. Arrange for and/or personally make an organization presentation to a civic club, church group, business associate, or group of friends and make a request for a financial contribution.
6. I will personally visit the facility annually and in doing so invite friends, associate and board members to accompany me during that visit.
7. Recommend and recruit potential candidates for Board membership to the Board Development Committee.
 - i. I will share the board member information as provided by the Nominating Committee with potential candidates as a means to educate potential members on what service means.

Signature of Board Member

CONFIDENTIALITY AGREEMENT

I, being an employee/volunteer (hereafter referred to as “staff”) of United Cerebral Palsy of West Alabama of West Alabama, Inc. (UCPWA) do understand that personal and sensitive matters will be discussed during the business of UCPWA. As a representative of UCPWA, I understand that any and all knowledge related to participants, individually and collectively, is **highly confidential**.

I understand that during the course of my work for UCPWA, I may learn certain facts about participants and staff that are of highly personal and confidential nature. Some examples of such information are: medical conditions and treatment, finances, living arrangements, employment, relations with family members, and even the fact that an individual is a participant or staff. This list is not inclusive.

I understand that discussions of salaries, evaluations and other personnel matters are considered highly confidential and are **strictly prohibited**.

I hereby agree not to disclose information of a personal or confidential nature to any individual or organization (except for Affiliated Organization* as defined herein) without a dated, signed and witnessed statement made by applicant, participant or authorized representative of the individual to whom such information pertains. *Affiliated Organization as referenced herein includes any organization that contracts with UCPWA for the provision of services to individuals with cerebral palsy and/or mental retardation/developmental disabilities.

I understand that the **rules of confidentiality** will continue to apply after services have been completed and/or my employment has been terminated.

I understand that no information regarding an applicant, participant, participant’s family or staff member is to be discussed outside the body of the organization.

I do understand the guidelines of confidentiality and will follow them. I also understand violation of such confidence will result in disciplinary action being taken, not to exclude termination and possible legal action.

Signature

Print Name

Date