



Guidelines for TAHV Board Members

Only 2 people from the same healthcare facility may serve on the Board at the same time with the exception of grand-father members.

Board members must be willing and able to attend 4 Board meetings each year.

TAHV shall not be responsible for the expenses of Board members.

Board members must be willing to serve as a representative for all members of their district.

Board members must be, at the time of their election and throughout their service on the Board, an active volunteer as defined by the local volunteer group, which must be a TAHV Member.

Prospective Board members must submit appropriate paperwork to their TAHV liaison or the TAHV President at the designated time and must have the approval of their healthcare facility administration to become a candidate for the TAHV Board of Directors.

After serving as TAHV President, a person may not serve again in that office in a subsequent term on the Board.

If for any reason, a District fails to select a Board member in their designated year the TAHV President will appoint a Board member from that District. The TAHV President will also appoint Board members to fill unexpired terms from the appropriate District.

Application for Candidacy to TAHV Board of Directors Name: Address: Phone:_____ Email:_____ Name of healthcare facility: Name of volunteer/auxiliary: How long have you been a volunteer at this facility: Offices/Chairmanships you have held in your group: Other areas of community involvement: Honors/Awards you have received at your facility or in your community: How do you think that TAHV could better serve its membership: Why do you wish to serve on the TAHV Board of Directors:

What do you feel are your greatest strengths as a volunteer/auxiliary leader?

Please check areas in which your have skills or interest and explain		
	Area	Explain
	Art	•
	Accounting	
	Computer Skills	
	Fundraising	
	Event Planning	
	Teaching	
	Parliamentary procedure	
	Public speaking	
	Writing	
	Website/social media	
I have read and understand the Guidelines for TAHV Board Members and I am willing to abide by them if elected to the TAHV Board of Directors.		
Signature/date of		
candidate		
Signature/Title and date of CEO/Administrator of candidate's facility:		
Contact number:		
Comments:		

Please send this completed form, accompanied by a small photograph of the candidate, to the appropriate District Coordinator ${\bf r}$