



Helping with the day-to-day challenges of living while being treated for breast cancer

Your support provides emergency funds for those fighting breast cancer who need help with housing, food, medical co-pays, and more

Board of Directors: Application

Date of Last Revision: September 2022

Thank you for your interest in serving on the Board of Directors of the Breast Cancer Fund of Ohio. Please complete the entire application. When completed, attach your resume along with this application, providing your abilities and qualifications to serve on this board. When completed, email the documents to joy@bcfohio.org.

Board of Directors: Responsibilities

The Board of Directors forwards the mission of the organization: to help Ohio breast cancer patients survive the hardships of cancer treatments by providing emergency, temporary financial assistance. Each of the BCFOhio Directors agrees to fulfill the following:

1. Financially support BCFOhio via purchase of a license plate and/or a donation to the fund; as well as through participation in BCFOhio fundraising activities.
2. Attend at least three of the four quarterly Board meetings, including the Annual Board meeting. Attendance may be via conference calls or in person. Any overnight expenses to Board meetings are the responsibility of the Board member. Mileage may be reimbursed for meeting attendance, as funds permit.
3. Actively participate on at least one Committee.
4. Volunteer for BCFOhio events, duties, and projects; and complete them on time.
5. Stay informed about BCFOhio committee matters, prepare for meetings, and review/comment on minutes & reports.
6. Actively participate in BCFOhio's annual evaluation and planning efforts.
7. Review and sign the Conflict of Interest document on an annual basis (see attached).
8. Commit to reading, considering, and replying with a sense of immediacy to all electronic communications regarding BCFOhio.

Board of Directors: Application

Instructions: Tab and type to answer the following questions.

Name	Occupation
	Business Name
Home Address	Business Address
City/State/Zip	City/State/Zip
Home Phone	Business Phone
Cell Phone	Preferred Email Address

1. Why are you interested in becoming a member of the Board of Directors of this organization?

2. Describe the part of Ohio in which you reside (i.e. rural or urban, socioeconomic make-up, and/or ethnicity).

3. For how long would you be interested in serving on this Board of Directors?

4. Do you have easy access to a computer so you can communicate via email and access the internet?

5. Summarize the experience, skills, and knowledge that you can bring to this Board that would help advance the goals of this organization.

6. Are you a breast cancer survivor?

7. Do you have a family member or loved one who has had breast cancer?

8. Are you willing and able to make yourself available by phone for conference calls at least three times per year and to travel within the state at least one time per year in order to attend Board meetings and to accomplish the mission of BCFOhio?

9. Do you know of any existing or potential conflicts of interest with serving on this Board?