**Board Exposure Experience & Board Champion**

**APPLICATION**

|  |
| --- |
| ***Board / Committee*** |
| Organization | Click here to enter text. |
| Website | Click here to enter text. |
| Location / Address | Click here to enter text. |
| City, State, Zip | Click here to enter text. |
| Type of Opportunity | ☐ Board of Directors ☐ Other Committee (describe): Click here to enter text. |
| Board/Committee Chair (name) | Click here to enter text. | Email | Click here to enter text. |
| Organization Executive Director / CEO (name) | Click here to enter text. | Email | Click here to enter text. |
| **Mission Statement:** Please share your organization’s mission statement in the space provided |
| Click here to enter text. |
| Please identify the domains of the work of this board/committee *(please check all that apply):* |
| ☐Advocacy and policy ☐Arts ☐Anti-poverty ☐Behavior/Mental Health/substances misuse ☐Children, Youth and Families ☐Criminal/Juvenile Justice ☐Economic Development ☐Education ☐Elders/aging Issues ☐Environment ☐Health ☐Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| ***Board Champion*** |
| Position / Role on Board/Committee | Click here to enter text. |
| First Name | Click here to enter text. | Last Name | Click here to enter text. |
| Preferred email | Click here to enter text. | Preferred Phone | Click here to enter text. |
| Employer | Click here to enter text. |
| Job Title | Click here to enter text. |
| Address | Click here to enter text. |
| City | Click here to enter text. | ST | Click here to enter text. | Zip | Click here to enter text. |
|  |

|  |  |
| --- | --- |
| What is the anticipated time commitment for the Fellow’s board exposure experience as a non-voting member with your organization for the 6 months duration? | \_\_\_\_ hours per month |
| What is the frequency of your board/committee meetings? | ☐ More than once per month☐ Monthly☐ Every other month☐ Quarterly |
| We would like our fellows to have a good exposure experience during their approximately 6 month connection with you.  If your board only meets every 2 or 3 months, what other opportunities could be provided to assure a monthly experience? |
|  |
| When do your board/committee meetings take place? | ☐ Weekday Mornings Weekdays between 9-5☐ Weekday evenings☐ Weekends |
| Please describe the board/committee exposure experience you can offer the Equity Leaders Fellow as a non-voting member. |
|  |
| Describe the board/committee’s motivation and interest for taking on an Equity Leaders Fellow as a non-voting member for a board exposure experience. |
|  |
| Describe the board/committee’s readiness and ability to be an inclusive and welcoming experience for the Fellow. |
|  |
| Describe the orientation to your board/committee that the Fellow will receive. |
| Click here to enter text. |
| *We recognize that organizations are in various stages of interest, awareness, learning and action about issues of equity, diversity and inclusion. Please respond to the following question to help us understand where you are on this journey:* How intentional has the board/committee been in raising and advancing issues of importance to communities of color and/or exploring their work with an equity lens? |
| Click here to enter text. |
| As the potential Board Champion, what else is important for us to know about you?  |
| Click here to enter text. |
| ***Please confirm the following and then sign below:*** |
| **Our board/committee is interested in participating in the Equity Leaders Fellowship and if there is a successful match commits to engaging with a Fellow for a 6 month non-voting board exposure experience to begin in November or December.**   | ☐ Agree / Yes |
| **I commit to serve as a Board Champion which means I will spend approximately 1-2 hours per month (outside of board/committee meetings):** * preparing the Fellow for and debriefing after meetings
* explaining board processes (including during meetings, as needed)
* acting as a liaison between the board and fellow, and facilitating a welcoming environment
* reviewing any materials provided by the Equity Leaders Fellow to assist me in my role
* participate in brief periodic check-ins with the ELF Coordinator
* provide evaluation feedback to help improve the program
 | ☐ Agree / Yes |
| **I will participate in the Equity Leaders Fellowship Board Champion orientation/pre-work (approximately 2-4 hours total) prior to the Fellow beginning his/her exposure experience** | ☐ Agree / Yes |
| *(You may type your name instead of signing if submitting electronically from a personal email account)* **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |

**Applications are accepted on a rolling basis.**

A board champion orientation will be held via Zoom during the fall. We will make every effort to find mutually agreeable dates. The board champion is required to attend one of these orientations.

**Please return completed form to Program Director Jason Bonilla at** **jbonilla@equityleadersfellowshipnh.org**

For questions, please contact Equity Leaders Fellowship by email at equityleadersfellowshipnh@gmail.com

or phone at 603-244-7359.

Applications can also be mailed to: Southern NH AHEC, Attn: Equity Leaders Fellowship,

128 State Route 27, Raymond, NH 03077