



**Application for Appointment to the Board of Directors of
Susan G. Komen for the Cure South Florida Affiliate**

The Promise (mission) of Susan G. Komen for the Cure is to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures.

For consideration of service on the Komen South Florida Affiliate Board of Directors, please review and complete the following information and submit, along with a current resume, to: Penny Westberry, Executive Director, Susan G. Komen South Florida Affiliate, at Good Samaritan Medical Center, 1309 North Flagler Drive, 5th Floor, West Palm Beach, Florida 33401, or email to penny@komensouthflorida.org, **by 2/10/12**. You may attach additional information if you see fit. (Please note: Board members must successfully complete a background screening in order to serve.)

Name: _____

Home Address: _____

Home Phone: _____ Home Email: _____

Occupation/Place of Employment: _____

Work Phone: _____ Work Email: _____

Preferred Contact Location: Home Work

Have you served on other boards? If yes, which one(s) and in what capacities?

Please list additional volunteer history. _____

Please tell us why you would like to serve on the Board of the Komen South Florida Affiliate. _____

Please tell us about your interest in the breast cancer cause and the Promise (mission) of Komen.

Please tell us how you might be able to contribute to the Komen Promise (mission).

How did you learn of this opportunity?

Will you be available to regularly attend Affiliate board meetings, generally held the third Wednesday of the month at noon at Susan G. Komen South Florida Affiliate, at Good Samaritan Medical Center, 1309 North Flagler Drive, 5th Floor, West Palm Beach, approximately nine times per year?

Are you available to (check all that apply):

- Serve on Affiliate committees and/or task forces as appointed
- Attend Komen events
- Attend a new board member orientation
- Attend a two-day Komen National Training in Dallas, TX during your board term
- Participate in annual grantee site visits

Please provide references:

1) Name: _____ Personal or Professional reference: _____

Years known _____ Relationship: _____

Company/Title: _____

Best contact: Phone: _____ Email: _____

2) Name: _____ Personal or Professional reference: _____

Years known _____ Relationship: _____

Company/Title: _____

Best contact: Phone: _____ Email: _____

BOARD APPLICANT SURVEY

As the Affiliate desires to build and maintain diverse representation (age, ethnicity, gender, geography) and a diversity of experience and expertise on the Board of Directors, we ask you to please complete the following survey, on a voluntary basis, and submit it with your application.

Please check all of the following that apply to you and list specifics where applicable:

Race/Ethnicity	Areas of Expertise/Experience
African American/Black	Accounting/Finance
Asian/Pacific Islander	Administration/Management
Caucasian	Banking and Trusts
Hispanic/Latino	Education/Outreach
Native American/Indian	Event Management
Caribbean	Fundraising
Other (please list):	Grant Making
Community Connections (please check and list)	Non-Profit Governance
Religious Organizations:	Public Policy
Corporations:	Public Relations
Educational Organizations:	Public Speaking
Foundations:	Social Media
Potential Individual Donors (do not list)	Strategic Planning
Political Groups:	Technology
Health Services Organizations:	Other (list):
Small Businesses:	Other (list):
Social Service Organizations:	Other (list):
Other:	Gender
Other:	Male
Other:	Female
Other Considerations	Age
Breast Cancer Survivor	19 - 34
Other Personal Connection to Breast Cancer	35 - 50
	51 - 65
	Over 65