

RESPONSIBILITIES: MEMBER, AID UPSTATE BOARD OF DIRECTORS

Mission Statement

AID Upstate empowers people living with HIV and encourages active community responses through advocacy, direct services, awareness and prevention.

Term of Office

Three-year term

Eligible for a 2nd term (second 3-year term)

Term Dates – January 1 through December 31

General Responsibilities

The management of all the affairs, property, and interest of the corporation shall be vested in the board of directors. This includes,

- Attending and participating in all board meetings (8) and functions (special events), serving on special committees
- Making a personal financial contribution to the agency and helping with fundraising
- Being informed about the agency's mission, services, policies, and programs
- Informing others about the agency, following conflict of interest and confidentiality policies
- Making recommendations and nominations for board
- Assisting the board in carrying out its fiduciary responsibilities, such as reviewing the agency's annual financial statements

Specific Responsibilities

Attend monthly Board meetings

Attend a board member orientation and retreat (1/2 day to full day).

Participate in *Dining with Friends* and special committees as requested.

Note: All meetings are held at the AID Upstate administrative office, 13 Calhoun Street, Greenville, SC.

Special note: AID Upstate has an Executive Committee made up of the elected officers of the Board of Directors. The only other standing committee is the nomination and elections committee chaired by the past president.

Support the activities and mission of AID Upstate in the community through service and word.

Thank you for agreeing to serve on AID Upstate's Board of Directors. Please complete the information page enclosed. This will help us get to know you and your areas of interest or expertise. Thank you for your time and interest.

For additional information, please visit our website at www.aidupstate.org.

**AID UPSTATE
Board of Directors Information Form**

Name: _____

Address: _____

Telephone(s): _____

Email: _____

By signing by name, I acknowledge and confirm my interest in joining the Board of Directors of AID Upstate.

Signature and Date

The reason(s) for my interest in a Director's position on AID Upstate's governing Board is/are:

Please provide below a brief biography describing current or former employment, special skills and interests, and other personal information of your choice.

