



## **El Paso in Austin Network Board Application Form**

Thank you for your interest in joining the El Paso in Austin (EPIA) Board! Serving on the Board is a rewarding experience and an opportunity for personal and professional growth. Completing this form will help you understand this leadership position's skills and time/resource commitments.

This application will be confidential and on file with the El Paso Community Foundation. Applications are used by the Board's Nominating Committee to identify and evaluate potential board candidates. The El Paso Community Foundation will grant final approval of all board appointments.

### **BOARD MEMBER RESPONSIBILITIES**

1. Serves a minimum of one (1) two-year term on the Board. Eligible to fill two (2) two-year terms if re-elected.
1. Attends a minimum of four (4) EPIA events each quarter (includes board meetings, committee meetings and one EPIA event).
1. Commits to securing two sponsors for each signature event or personally sponsoring at the \$50 Amigo Level.
1. Participates actively in EPIA committee work by staying informed about committee matters, is prepared for meetings, and reviews and comments on minutes and reports.
1. Works to further the advancement of the EPIA strategic plan, including fundraising and member recruitment efforts.

### **VISION STATEMENT**

The El Paso in Austin Network increases and promotes awareness of El Paso heritage and culture by connecting and inspiring members and supporting our next generation.

### **PURPOSE**

To promote economic development and the advancement of education for the benefit and support of the El Paso, Texas community, with an emphasis on supporting El Pasoans who pursue higher education degrees outside of El Paso. And to conduct public discussion groups, panels, lectures, workshops and other activities for current and former El Pasoans, to maintain their connections with and increase community involvement in El Paso, as permitted under Section 501(c)(3) of the Internal Revenue Code and the Texas Business Organizations Code.

## CANDIDATE INFORMATION

APPLICATION DEADLINE: MARCH 1, 2023

Your name: \_\_\_\_\_

Your Home Phone Number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Your address: \_\_\_\_\_

\_\_\_\_\_

Your email address:

\_\_\_\_\_

Please list the Board position(s) for which you are applying:

\_\_\_\_\_

Briefly describe why you would like to join our Board of Directors:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your current organizational affiliations (names of the organization and your role(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Which of your skills would you like to utilize on the Board? Check those that apply:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Board development  | <input type="checkbox"/> Financial management | <input type="checkbox"/> Training             |
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Fundraising          | <input type="checkbox"/> Marketing            |
| <input type="checkbox"/> Legal services     | <input type="checkbox"/> Grant writing        | <input type="checkbox"/> Volunteer management |

☐ Program development      ☐ Community networking      ☐ Special events

Other skill(s) of yours that you would like to utilize? \_\_\_\_\_

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What would you like to get out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?

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Are you comfortable soliciting others for membership and funding? \_\_\_\_\_ If yes, describe any experience(s) in doing so:

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If you join the Board, you agree that you can provide at least 2-4 hours a month in attendance to Board and Committee meetings and that you do not have any conflict-of-interest in participating on the Board.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

☐ Yes                      ☐ No                      ☐ Perhaps