

Supporting children and their families living with cancer and blood disorders

New Board Member Nomination Form

NAME (LAST, FIRST, M.I.)		
HOME ADDRESS		CITY, STATE ZIP
Номе Рнопе	Mobile Phone	Work Phone
EMAIL ADDRESS #1	EMAIL ADDRESS #2	
If you are a new member, h know referred you to us, we		bow Connection? If someone you
Have you attended or particular please identify them:	cipated in any Rainbow Connect	cion activities or events before? If so,
How do you plan to contril or events, fund raising, com		? For example, volunteering at camp
In order for us to learn a litt You may use the back side	-	ou please provide a brief biography?
Please include: What organizations you are	currently active in (Civic, Chari	table, Business, Church)
What strengths you will bri	ng to the Rainbow Connection b	ooard



Supporting children and their

All new and continuing board members agree to the following conditions of service:

Board members will be elected or re-elected at the Rainbow Connection annual meeting in
November. Renewable two-year terms run from January 1 through December 31. During that
time, you will be asked to:
 □ Attend scheduled monthly board meetings and volunteer for fund-raising and community endeavors. Board meetings are held at 6 pm on the third Wednesday of each month in the UTMBHealth Pediatric Clinic in the Bay Colony shopping center on the northwest quadrant of I-45 and FM646. Absences may be excused with advance notice. □ Visit Rainbow Connection Camp for at least one day or volunteer for a Rainbow Connection fund-raising activity, such as the golf tournament or a community event that benefits the organization, in the course of the year. □ Volunteer for and participate on at least two standing committees in the course of the year.
By signing below, the nominee indicates understanding of all the expectations and requirements for serving on the Rainbow Connection board of directors and pledges to satisfy those requirements for each year of membership on the board.
Nominee Date