



Application for

BOARD APPOINTMENT

Thank you for your interest in serving on the Board of Directors of the Unicorn Children's Foundation (UCF or the Foundation). Whether this is the first time you have considered serving on the board of a 501(c)(3) not-for-profit organization or you are seeking reappointment, we want you to know that UCF is committed to ensuring you have all the information necessary to make sound decisions. Service on the Board of a 501(c)(3) not-for-profit organization can be a rewarding experience and an opportunity to be part of life-changing experiences as we create cradle to career pathways to help kids and young adults flourish and help their families navigate the complex journey. Having opened our doors in 1994, UCF is working towards a future where all children's potential can flourish and that they can be meaningful participants in their communities.

Should you wish to be considered to serve on this board, please complete the accompanying Application for Board Appointment and submit it to our office with requested documentation and supplementary information. If you have questions or would like to discuss board service in more detail, please do not hesitate to contact us. If you are interested in service beginning July 1st (with some transition prior), please submit the attached application prior to April 1, 2021 (at 5pm).

Please find some general information about our organization and this position below.

UCF, established in 1994, is committed to providing innovative programs that ensure individuals with neurodiversity are appropriately assisted, supported, and included in least restrictive ways to maximize their full potential. We are working to respond to key gaps in service which include: developing an effective information & referral system; improving timely access to screening, assessment and early diagnosis; reducing gaps in services; increasing amount and improving coordination of funding streams; improving transition practices; increasing employment opportunities; and improving advocacy & futures planning. With the support of the Board of Directors, in 2021-2022, we expect:

- 200+ families will be supported through life-long learning programs and referrals at the Unicorn Connection Center©
- 200+ individuals with neurodiversity will participate in UCF Employment Programs providing a pathway to careers or entrepreneurship
- 10 businesses will receive training on successfully engaging neurodiverse employees creating a more accepting and inclusive community
- 50+ families will participate in family navigation programs to empower them with tools and strategies to help their child flourish

UCF is a not-for-profit organization whose operations are run by a professional team. The Board of Directors is responsible for the governance, policy and overall financial health of UCF. The Board of Directors appoints Executive Officers that comprise an Executive Committee who make recommendations to the Board and handle responsibilities of the Board in the intervals between Board meetings. The Board members are also directly responsible for reviewing the performance of the UCF Chief Executive Officer. Regular meetings of the Board

are held quarterly. Special meetings may be called by the President of the Board whenever deemed necessary. No action of the Board is official unless taken at a regular or special meeting. Board Members have authority to govern UCF as a group and have no authority to act as individuals. An agenda will be sent to each member of the Board of Directors prior to the board meeting with member input so that each meeting runs smoothly. All Board actions are recorded in the minutes as the official permanent record of the Board. Policies determined by the Board are reflected in policies and procedures manuals and documents.

Qualifications

- A. Be an advocate for diversity, equity, inclusion, community-based experiences and UCF.
- B. Have experience and/or a skill set that adds value to the work of the Board.
- C. Have the respect of those who you have worked with previously.
- D. Have a desire to be an active Board member in a non-profit organization.
- E. Be a team member who can provide solutions and a positive attitude.
- F. Be a financial contributor to UCF.

Responsibilities

- A. Uphold the UCF mission and by-laws.
- B. Establish, review and revise (as necessary) the policies of the UCF.
- C. Support and evaluate the Chief Executive Officer.
- D. Attend Board meetings with little interruption and functions where appropriate/available.
- E. Ensure adequate financial resources for UCF. Protect assets and provide financial oversight.
- F. In collaboration with staff, participate in long range (5 year) planning for financials and operations.
- G. Participate in building a competent Board.
- H. Ensure legal and ethical integrity.
- I. Enhance the organization's public standing.

General information

A. Applications will be reviewed by the ad-hoc nominating committee of The Unicorn Children's Foundation, Inc. Interviews will be conducted in March from at least a portion of applications received. Elections will occur at the annual meeting in June. Transition will occur from that date to June 30th.

- B. Per current bylaws, Board members will serve two-year terms. Official new terms begin on July 1st following election and expire on June 30th of the expiring year.
- C. The Executive Officers of the Board, who comprise the Executive Committee, will be President, Vice-President, Secretary and Treasurer. Other members are at large members. The by-laws state that Board of Directors shall have no less than three (3) and no more than twenty-one (21) members.

Supplemental information (required): Please attach a copy of your resume/curriculum vitae including any additional information, such as governmental, employment or volunteer experience, honors or awards, please attach a resume or included on a separate sheet of paper.

Please list three (non-Board member) references who could be contacted including name, relationship, phone, or email.

PERSONAL INFORMATION

Title/Prefix: \Box Mrs.	\square Ms. \square Mr.		\Box Dr.	\Box Other
Name:				
First	Middle		Last	
Home Address:				
Street N	umber			
City		State		Zip
V				•
Employer:				
Title:				
Employer's Address:				
Street Number				
City	ł	State		Zip
D C 1M 1 1 CC	, , TT	W 1 C	11 1	
Preferred Method of Co				
Home Number:				
Work Number:				
Fax Number:				
Cellular Number:				
Email Address:				
Marital Status	Spouse/Partne	er's Name:		
	o.p = 0.000, = 0.000		First	Last
Are you a United State	es citizen? 🗆 Yes 🗆	No Are	you a F	'lorida resident? □ Yes □ No
Please check your high	est education lev	el:		
□ High School/GED		ate's Degree		□ Master's Degree
□ Trade/Business School	□ BA or	BS Degree		\square MD, DO, JD, PhD, etc.
Please check each area	of expertise you	would cont	ribute	to a board:
□ Business Executive	□ Community N		□ Fina	
□ Fundraising	□ Law	J		dership
□ Marketing	\square Media			sonnel/HR
□ Philanthropy	□ Public Relatio			
□ Self-Advocate	□ Others (please	e specify):		

SHORT ANSWER QUESTIONS

1.	List experiences that you have had to prepare you to serve on this board.
2.	Why are you interested in serving as a Board Director of The Unicorn Children's Foundation, Inc?
3.	What is your vision for building a community where all children's potential can flourish.
4.	Why do you wish to serve on The Unicorn Children's Foundation, Inc. Board of Directors?

CONDITIONS OF APPOINTMENT

The following questions indicate the minimum conditions that must be met in order to be considered for appointment. Please complete the following section by indicating yes or no.

 Will you be able to attend regularly scheduled board meetings? □Yes □ No Do you agree to complete an annual conflict of interest disclosure? □Yes □ No Do you agree to completion of a background check? □Yes □ No 		
RELATIONSHIP TO THE FOUNDATION		
Please complete the following section by indicating yes or no. If you answer "yes" to any of the following questions, please provide an explanation on a separate sheet of paper. Please label explanations with the number of the corresponding question.		
1. Do or will you or your spouse/partner have any contractual agreements with the Foundation? $\ \Box Yes \ \Box \ No$		
2. Do or will you, your spouse/partner, or any member of your immediate family have any ownership interest in any service provider or any other company contracting with the Foundation? \Box Yes \Box No		
3. Did or will you or your spouse/partner lease or sell property to the Foundation? $_{\square} Yes _{\square} No$		
4. Did or will you or your spouse/partner sell any supplies, materials, equipment or other personal property to the Foundation? $\Box Yes \Box No$		
5. Have you or your spouse/partner guaranteed any loans for the Foundation or loaned it any money? $\ \Box Yes \ \Box No$		
6. Are or will you, your spouse/partner or any member of your immediate family be employed by the Foundation or other contractors? $\Box Yes$ $\Box No$		
7. Did you or your spouse/partner provide any start-up funds to the Foundation? $\Box Yes \qquad \Box No$		
8. Does any other individual, board, group or corporation believe it has a right to control or have input on votes you will cast as a member of the Foundation Board? $\Box Yes \qquad \Box No$		

9. Do you currently serve as a member of the board of any nonprofit organization other than the board for which you are applying? □Yes □ No
10. Do you currently serve as a public official? (If you are being re-nominated to the same foundation board and do not serve as a public official in any other capacity, please select "No" as your response.) □Yes □ No
11. To the best of your knowledge, are there situations not described above which may give the appearance of a conflict of interest between you and the foundation, or which would make it difficult for you to discharge your duties or exercise judgment independently on behalf of the Foundation? □Yes □ No
12. Did or do you or your spouse/partner, or any member of your immediate family, have ownership interest, directly or indirectly, in any corporation, partnership, association, or other legal entity which would cause you to answer 'yes' to questions 1-12? □Yes □ No
ETHICAL ISSUES
Please complete the following section by indicating yes or no. If you answer "yes" to any of the following questions, please provide an explanation on a separate sheet of paper.
CITATIONS Have you ever been cited for a breach of ethics for unprofessional conduct, or been named in a complaint to a court, administrative agency, professional association, disciplinary committee or other professional group? □Yes □ No
AGENCY PROCEEDINGS/CIVIL LITIGATION Are you presently or have you ever been involved in administrative agency proceedings or civil litigation?
Has any business involving you, your spouse/partner, close family members or close business associates been part of any administrative agency proceedings or civil litigation relevant to the board member position? □Yes □ No

CRIMINAL BACKGROUND DISCLOSURE

Unicorn Children's Foundation will perform a criminal records check from local, state and federal law enforcement agencies prior to your appointment. If the reports received from these agencies do not match your representations listed below, appointment to the Foundation Board may be voided at the sole discretion of The Unicorn Children's Foundation, Inc..

	itials in the space beside option 1, 2 and/or 3. on a separate sheet of paper what the charges
1 I have been convicted or pled e to one or more crimes.	ither guilty or nolo contendere (no contest)
2 I am currently charged with or	e or more crimes.
3 I have not been convicted or pl contest) to any crimes, nor am I current	
APPLICATION	N VERIFICATION
Unicorn Children's Foundation, Inc. a confidential. I will hold Unicorn Chemployees and authorized agents harm information it reasonably believes is truffrom this application process. I understand agree to complete an annual confiuncorn Children's Foundation is under	ted with this application or gathered by The as a result of this application will remain ildren's Foundation, its trustees, officers, aless from liability for the disclosure of any e based upon my representations or resulting and that if I am appointed, I will be required ict of interest disclosure. I understand that it no obligation to appoint me or any nominee y signature below certifies that all information omplete.
Signature	Date

CONSENT FOR CRIMINAL BACKGROUND

A criminal records check must be conducted as a condition for appointment as an official serving on the Board of The Unicorn Children's Foundation, Inc.. This consent does not authorize, nor will Unicorn Children's Foundation conduct, a consumer credit check.

Information requested on this page will be used to conduct a criminal records check and will not be used to determine qualifications as a proposed foundation board member. This page will be removed prior to review of the information contained in the application. Please print or type the following information:

Print or type your full name:			
_	First	Middle	Last
Current Address:			
Street Number			
City	State	Zip	
Former Address:			
Street Number			
City	State	Zip	
Date of Birth: $\underline{\hspace{1cm}}$ / $\underline{\hspace{1cm}}$ Day	/		
Gender: \square Male \square Female \square Prefer i	not to answer		
Ethnicity: American Indian or Al. Native Hawaiian/Pacific Islander White War is a second control of the s			Black or African American 🗆

By signing this document, I acknowledge receipt of this disclosure and authorize The Unicorn Children's Foundation, Inc. to obtain a copy of my criminal records report.

I consent to the release of information concerning my criminal record, subject to any restrictions that I have included, to The Unicorn Children's Foundation, Inc. and its legal counsel. I specifically authorize The Unicorn Children's Foundation, Inc. to conduct a criminal records check on me with the applicable local, state and federal law enforcement agencies.

I will hold The Unicorn Children's Foundation, Inc., its trustees, officers, employees and authorized agents harmless from liability for the disclosure of any information it reasonably

believes is true based upon my representations or reconsent process.	esulting from this criminal records check
By my signature, I assert and certify that the info knowledge, true and complete.	ormation provided is, to the best of my
Signature	Date