



## **BOARD MEMBER AGREEMENT**

I, \_\_\_\_\_, understand that as a member of the Board of Directors of Aitkin County CARE, Inc. that I have responsibility to ensure that the organization does the best work possible in pursuit of its goals. I believe in the purpose and the mission of the organization. I will act responsibly and prudently as its steward.

### **As part of my responsibility as a board member:**

- I will follow the organization's governing documents (articles of incorporation and bylaws), to carry out the organization's mission and will comply with other state and federal laws that relate to the organization and the way in which it conducts its business.
- I will act in the best interest of the organization and excuse myself from discussions and votes when there is a conflict of interest.
- I will discharge my duties in good faith, in a manner the director believes to be in the best interests of the corporation, and with the care an ordinary prudent person in a like position would exercise under similar circumstances.
- I am willing and able to serve a three-year term and attend all regularly scheduled and special board meetings in person or by phone. If I am unable to attend, I will inform the Board Chair in advance if possible.
- I will support through a personal contribution and/or participation.
- I will never exercise authority as a board member except when acting in a meeting with the full board or as delegated by the board.
- I will focus my efforts on the mission of the organization and not on personal goals.
- I will represent the interests of all people served by this organization.
- I will act as a responsible steward of Aitkin County CARE Inc. and ensure that funds are used for lawful purposes.
- I will act as a community liaison and actively support and/or participate in Aitkin County CARE Inc. activities/events.
- I will protect, preserve, invest and manage the corporation's property and do so consistently with donor restrictions and legal requirements. I will assist in instituting proper internal controls to aid in the protection of the assets.

**As part of my responsibility as a board member (continued):**

- I will stay informed about what is going on in the organization. I will ask questions and request information. I will participate in and take responsibility for making decisions on issues; policies and other board matters.
- I will work in good faith with staff and other board members and partners toward the achievement of our goals.
- Assist the organization in obtaining adequate resources.

**Aitkin County CARE Inc. will be responsible to me in the following ways:**

- I will be sent, without request, quarterly financial reports and an update of organizational activities that allow me to meet the expectations of a board member.
- Opportunities will be offered to me to discuss with Aitkin County CARE Inc.'s President and/or the Board Chair, the organization's programs, goals, activities, and status. Additionally, I can request such opportunities.
- The organization will help me perform my duties by keeping me informed regarding opportunities for development as a board member.
- Board members and staff will respond in a straightforward fashion to questions I have that I feel are necessary to carry out my fiscal, legal and moral responsibilities to this organization.
- If the organization does not fulfill its commitment to me, I can call on the Board Chairman and/or President to discuss these responsibilities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature