

Application for Appointment to Board of Directors of Howard County Sheltered Services Board.

Howard County Sheltered Services Board was established in 1984 with the passage of a special property tax levy. The Board of Directors fund services for eligible persons of all ages with developmental disabilities.

Composition of the board of directors must meet the statutory requirements of the enabling legislation. Additionally, persons appointed to the board must comply with the provisions of the bylaws of the board and policy. As appointees of a statutorily created entity with broad powers, board members have certain fiduciary duties, which require that they conduct themselves without conflict to the interest of the agency they serve. Conflicts of interest are not prohibited, but disclosure is critical. Disclosure should not be construed as creating a presumption of impropriety or as automatically precluding someone from participation. Rather, it reflects the recognition of the many factors that can influence one's judgment and a desire to make as much information as possible available to other participants. Potentially conflicting interests may relate to programs and services or operations, such as contracts with third parties.

APPLICATION

Name: _____
Last *First* *Middle Initial*

Home Address: _____

City: _____ Zip: _____

Employment Address: _____

City: _____ Zip: _____

At which address would you prefer to be contacted: _____ Home _____ Business

Email Address (where you wish to be contacted): _____

Home Phone: _____ Business Phone: _____

No more than 2 members may live outside of Howard County. Are you a Howard County resident and how long have you lived in Howard County?
_____ Years _____ Months

Are you a registered voter? _____ Yes _____ No

Have you previously served as a member of a board? If yes, identify the board and the dates of service.

What other professional, civic or community endeavors are you currently involved in?

Are you or have you previously held any local, state or federal government positions, appointments or elected office(s)? If so, please list dates and positions held.

Section 205.970, Revised Statutes of Missouri, requires that at two of the nine members of the board of directors be related by blood or marriage within the third degree to a handicapped person as defined in Section 205.968 as a person who is “lower range educable or upper range trainable mentally retarded or a person who has a developmental disability.” Are you related by blood or marriage within the third degree to a handicapped person as defined in Missouri statutes? [Relationships in the third degree include mother, father, child, brother, sister, (including half, step and in-law relationships in these same categories), and grandparent, grandchild, aunt, uncle, niece, nephew, great grandparent, great grandchild.] If yes, please identify the person and the relationship.

Person

Relationship

For purposes of the following questions, “related family member” is defined to include relationships within the third degree by blood or marriage. [Relationships in the third degree include mother, father, child, brother, sister, (including half, step and in-law relationships in these same categories), and grandparent, grandchild, aunt, uncle, niece, nephew, great grandparent, great grandchild.]

Have you or a related family member applied for eligibility and been determined eligible or ineligible for services of Howard County Sheltered Services Board at any time? If yes, identify the individual who applied, their relationship to you and the date of application.

Explain briefly why you are seeking this position and identify any special qualifications you have for this position.

Do you or any related family member have any financial interest, directly or indirectly, in any contract or subcontract with Howard County Sheltered Services Board; or have you or a related family member been employed by any agency or entity that contracts or subcontracts with Howard County Sheltered Services Board; or in the sale to Howard County Sheltered Services Board of land, materials, supplies, or services? If yes, please explain.

Do you or does any related family member have any other interest which might conflict or be perceived to conflict with your duty of loyalty to the interests of Howard County Sheltered Services Board? If so, identify the interest and the relationship.

Have you ever been arrested, charged, or convicted of any felony? _____ Yes _____ No
If yes, please explain.

Have you ever been disciplined, cited, or sanctioned for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? _____ Yes _____ No
If yes, please explain.

References: (Should not be current members of Howard County Sheltered Services Board)

<i>Name</i>	<i>Nature of Relationship</i>	<i>Contact Information</i>	<i>Years Known</i>
-------------	-------------------------------	----------------------------	--------------------

<i>Name</i>	<i>Nature of Relationship</i>	<i>Contact Information</i>	<i>Years Known</i>
-------------	-------------------------------	----------------------------	--------------------

By my signature, I agree to comply fully with board policy, bylaws, and conflict of interest requirements of the board of directors and certify that the information above is complete and accurate to the best of my knowledge and that should a potential conflict arise during my term, I will bring it to that attention of the Board of Directors of Howard County Sheltered Services Board.

Signature

Date