

**Board of Directors Application Packet**

Thank you for your interest in the Epilepsy Foundation of Connecticut's Board of Directors. We are looking for dedicated, hard working and enthusiastic board members to help carry out the mission of the Epilepsy Foundation of Connecticut. It is people like you who can help us grow and strengthen the organization and continue to broaden our base of programs and services to the people in Connecticut living with epilepsy. Since our Board of Directors has a limited number of open positions at any given time, and often may need a particular skill set for an open position, in the event you are not selected, we hope that you'll consider participating on one of our committees and become an engaged and active member of our community.

The process to become a board member is outlined below.

- Complete the three page application in its entirety
- Review the Board Roles & Responsibilities
- Participate in an in person interview with a member of the board development committee

Once the above is complete, your application will be presented to the entire Board either at our next in person board meeting or via email distribution.

Please send your completed application to:  
Epilepsy Foundation of Connecticut  
386 Main St. - Middletown, CT - 06457  
or email [info@epilepsyct.com](mailto:info@epilepsyct.com)

We look forward to learning more about you and your interest in helping people with epilepsy.

Thank you

Linda A. Wallace  
Executive Director

# Epilepsy Foundation of Connecticut Board of Directors Application

*Please complete all sections in their entirety*

## **PART I - GENERAL INFORMATION**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## **PART II - EDUCATION**

University/ College Graduated from: \_\_\_\_\_

Highest academic degree: \_\_\_\_\_

## **PART III - Professional Information**

Current Employer: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email (if appropriate to use) \_\_\_\_\_

Years on the job: \_\_\_\_\_ Present Title: \_\_\_\_\_

Please list position responsibilities. \_\_\_\_\_

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Please list any accomplishments or awards received. \_\_\_\_\_

Previous Work History (past 10 years)

Employer	Position/Title	Number of Years

**PART IV - EPILEPSY INFORMATION**

1. Do you have epilepsy? YES or No
2. Do you know someone who has epilepsy? YES or No
3. Are you familiar with the Epilepsy Foundation of Connecticut and our programs and services?  
YES or No

Please give a brief history of your experiences with epilepsy. \_\_\_\_\_

**PART V - OTHER INFORMATION**

1. What skills or experiences could you bring to the Epilepsy Foundation of Connecticut's Board of Directors? \_\_\_\_\_

2. Why do you want to become a member of the Board of Directors? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you currently serve or have you served in the past, on any other boards or are you a member of any civic and/or professional organization? *(Please list name of organization and years served)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please list any other information you would like the board to know as your application is considered? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You!**

## **Board of Directors Roles and Responsibilities**

### **Commitment Letter**

As a member of the Board of Directors, I agree to:

- Abide by the Bylaws and Articles of Incorporation of EFCT
- Ensure EFCT meets all legal and corporate requirements of the State of Connecticut.
- Attend all regular meetings of the board unless prior notice is given.
- Set the strategic direction for the Epilepsy Foundation of Connecticut.
- Serve on at least one committee of the Board.
- Actively participate in the discussions at all EFCT meetings.
- Actively participate in the special events that occur yearly by purchasing tickets, recruiting attendees, donating auction items, providing in-kind services, etc.
- Make a financial contribution that is personally significant.
- Meet a fundraising goal of \$500. For example, these funds can be obtained through, special event registration/tickets, additional event donations, employer matching gifts or a major gift secured with your assistance.
- Make Thank You calls to donors when asked.
- Review and approve the annual budget.
- Ensure effective fiscal controls and accountability to donors and constituents.
- Participate in board development training when requested.
- Avoid any conflict of interest or appearance of a conflict.
- Promptly communicate by phone or email when requested.
- Act as an ambassador of EFCT in the community.

**You will have the opportunity to discuss the commitments during an in-person interview if you choose to continue with the process.**