

Application for Boca School for Autism Board Appointment

Thank you for your interest in serving on the Board of Directors of the Boca School for Autism (BSA). We want you to know that BSA 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 ensure that all students receive a well-planned, high-quality and individualized educational experience in a safe, caring environment in order to reach their goals and be able to participate and contribute meaningfully 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.

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

Boca School for Autism (BSA) is a private school for students ages 9-22 who have autism or related differences and need a customized educational experience that prepares them to transition successfully into college or employment in adulthood.

We're different than other schools. We believe that students with learning and behavior differences deserve access to an exemplary educational experience close to home. We know that when they're taught in a customized environment by highly skilled teachers, they can thrive. Our goal is to teach students the skills and behaviors necessary to reach their goals and to become independent adults who can participate and contribute meaningfully to their community, home life and social activities.

We use the most advanced academic model along with a transdisciplinary approach that infuses therapeutic support across all academics and extracurricular classes for maximum learning.

As a private school with small class sizes and highly skilled teachers, we have the flexibility to customize our educational approach for each student while maintaining and even exceeding standards set by the Florida Department of Education.

BSA 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 BSA. 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 BSA School Director. 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 BSA 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 BSA.
- 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 BSA.

Responsibilities

- A. Uphold the BSA mission and by-laws.
- B. Establish, review and revise (as necessary) the policies of the BSA.
- C. Support and evaluate the School Director.
- D. Attend Board meetings with little interruption and functions where appropriate/available.
- E. Ensure adequate financial resources for BSA. 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 Boca School for Autism. 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. \Box | \square Ms. \square Mr. \square Miss | $ \square Dr. \square Other $ |
|---|--|--|
| Name: | | |
| First | Middle | Last |
| Home Address:Street Nur | nber | |
| | | |
| City | State | Zip |
| | | |
| Title: | | |
| Employer's Address: | | |
| Street Number | | |
| City | State | Zip |
| Preferred Method of Cor Home Number: Work Number: Fax Number: Cellular Number: Email Address: | | |
| | | me: First Last |
| Are you a United States c | itizen? □ Yes □ No | Are you a Florida resident? \square Yes \square No |
| Please check your highes □ High School/GED □ Trade/Business School | t education level: | |
| Please check each area o Business Executive Fundraising Marketing Philanthropy Self-Advocate | f expertise you would o Community Networkin Law Media Public Relations Others (please specify | ng Dersonnel/HR |



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 Boca School for Autism?

- **3.** Skills, experience and interests (Please circle all that apply)
 - Finance, accounting Personnel, human resources Administration, management Nonprofit experience Community service Policy development Program evaluation Public relations, communications Education, instruction Special events Grant writing Fundraising Outreach, advocacy Other
- **4.** Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of Boca School For Autism.



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 orno.

- 1. Will you be able to attend regularly scheduled board meetings? $\Box Y_{es} \Box N_{o}$
- 2. Do you agree to complete an annual conflict of interest disclosure? \Box Yes \Box No
- 3. Do you agree to completion of a background check? $\Box Yes \Box No$

RELATIONSHIP TO THE SCHOOL

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 School? \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 School? \Box Yes \Box No

3. Did or will you or your spouse/partner lease or sell property to the School? □Yes □ No

4. Did or will you or your spouse/partner sell any supplies, materials, equipment or other personal property to the School?

5. Have you or your spouse/partner guaranteed any loans for the School 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 School or other contractors?

7. Did you or your spouse/partner provide any start-up funds to the School? \Box Yes \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 School Board?



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 school board and do not serve as a public official in any other capacity, please select "No" as your response.) \Box Yes \Box 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 school, or which would make it difficult for you to discharge your duties or exercise judgment independently on behalf of the S c h o o 1? \Box Yes \Box 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? \Box Yes \Box 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? \Box Yes \Box No

AGENCY PROCEEDINGS/CML LITIGATION

Are you presently or have you ever been involved in administrative agency proceedings or civil litigation? \Box Yes \Box No

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? \Box Yes \Box No



CRIMINAL BACKGROUND DISCLOSURE

Boca School for Autism will perform a criminal record 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 School Board may be voided at the sole discretion of the Boca School for Autism.

Complete this section by placing your initials in the space beside option 1, 2 and/or 3. If you initial option 1 or 2, please provide on a separate sheet of paper what the charges were and which courts were involved.

1. ____ I have been convicted or pled either guilty or nolo contendere (no contest) to one or more crimes.

2. ___ I am currently charged with one or more crimes.

3. ____ I have not been convicted or pled either guilty or nolo contendere (no contest) to any crimes, nor am I currently charged with more than one crimes.

APPLICATION VERIFICATION

I recognize that all information submitted with this application or gathered by the Boca School for Autism as a result of this application will remain confidential. I will hold Boca School for Autism, 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 resulting from this application process. I understand that if I am appointed, I will be required and agree to complete an annual conflict of interest disclosure. I understand that Boca School for Autism is under no obligation to appoint me or any nominee to a 501(c)(3) not-for-profit organization. My signature below certifies that all information provided in this application is true and complete.

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 Boca School for Autism. This consent does not authorize, nor will Boca School for Autism conduct, a consumer credit check.

Information requested on this page will be used to conduct a criminal record check and will not be used to determine qualifications as a proposed school 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: | | | | |
| Charles Normalian | | | | |
| Street Number | | | | |
| City | | State | Z | <i>lip</i> |
| Former Address: | | | | |
| Street Number | | | | |
| City | | State | Z | <i>T</i> ip |
| | 1 | | | |
| Date of Birth: / / | $-{\text{Yea}}$ | <u>r</u> | | |

Gender: \square Male \square Female \square Prefer not to answer

Ethnicity: \Box American Indian or Alaska Native \Box Asian American \Box Black or African American \Box Native Hawaiian/Pacific Islander \Box White \Box Hispanic/Latino

By signing this document, I acknowledge receipt of this disclosure and authorize Boca School for Autism 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 Boca School for Autism and its legal counsel. I specifically authorize the Boca School for Autism to conduct a criminal record check on me with the applicable local, state and federal law enforcement agencies.

I will hold the Boca School for Autism 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 resulting from this criminal record check consent process.

By my signature, I assert and certify that the information provided is, to the best of my knowledge, true and complete.