



## Board Member Agreement - 2018

As a Board member of the New York State Dental Foundation, I am fully committed and dedicated to the mission and have pledged to carry out this mission. I understand that my duties and responsibilities include the following:

1. I am fiscally responsible, with other Board members, for the organization. I will know what our budget is and take an active part in reviewing, approving and monitoring the budget and fundraising to meet it.
2. I know my legal responsibilities for this organization and those of my fellow Board members. I am responsible for knowing and overseeing the implementation of policies and programs.
3. I accept the Bylaws and understand that I am morally responsible for the health and well-being of this organization.
4. I will give what is for me a substantial financial donation. I may give this as a onetime donation each year, or I may pledge to give a certain amount several times during the year.
5. I will actively engage in fundraising for this organization in whatever ways are best suited for me. These may include individual solicitations, undertaking special events, writing mail appeals, and the like. I am making a good faith agreement to do my best and to raise as much money as I can.
6. I will actively promote the New York State Dental Foundation and encourage and supports its staff.
7. I will attend Board meetings, be available for phone consultation, and serve on at least one New York State Dental Foundation committee. If I am not able to meet my obligations as a Board member, I will offer my resignation.
8. In accordance with IRS requirements and as a member of the Board, every year I will complete and return to the office the Foundation's Conflict of Interest Statement.
9. In signing this document, I understand that no quotas are being set and that no rigid standards of measurement and achievement are being formed. Every Board member is making a statement of good faith about every other Board member. We trust each other to carry out the above agreement to the best of our ability.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Board Member

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Board Chair