



YoungStroke, Inc. Board Application

Please submit this application with a copy of your resume/vitae to: YSI Board Development Committee, P. O. Box 692, Conway, SC 29528 or cami.duffy@gmail.com. Please direct questions to 336.455.3540.

How to be a Board Member

OUR MISSION To advocate the needs of the unmet needs of young stroke survivors between the ages of 18 and 65

RESPONSIBILITIES To donate time to execute plans and strategies for events and undertakings. To attend monthly meetings. To review and approve strategic plans. To oversee financial integrity and monitors performance achievement of strategy and long-term vision.

REQUIREMENTS To serve a 1-year term with the opportunity to renew terms without any term limits. May serve on at least one major committee and be willing to serve as requested.

SELECTION PROCESS The desired skills and experiences listed below will be utilized by the Board Development Committee to assist with the selection of candidates to be nominated for the 2010- 2011 YSI Board of Directors to be voted on at the September 2010 Board meeting:

- Leadership
- Strategic Thinking
- Communication Skills
- Social/ Political Influence
- Business Acumen
- Fiduciary Responsibility
- Organization Participation
- Subject Matter Expertise
- Technological Savvy
- Young Stroke Survivor
- Young Stroke Caregiver

First Name: _____ Last Name: _____

Mailing Address: _____

Email Address: _____

Daytime Phone: _____ Evening Phone: _____

Please complete the following questions, attaching extra pages as needed:

1. Please describe your knowledge of, or experience with, stroke.
2. How will the YSI Board benefit from your participation?
3. Are you presently serving on other Boards? If yes, please elaborate.
4. Why are you interested in serving on the YSI Board?
5. Please check all in which you have experience:
 - Event Planning/Fundraising
 - Partnership Relations
 - Technology/Social Media
 - Finance/Accounting
 - Advertising/Marketing
 - Human Resources/Training
 - Board Leadership
 - Legal
 - Neurology/ Medical/Healthcare Professional
 - Strategic Planning
 - Non-Profit Leadership
 - Academic Leadership

I certify the information I have provided is true and accurate to the best of my knowledge:

Print Name: _____ Signature: _____ Date: _____