Hillsboro Health Junior Board Application and Expectations

Junior Board Members Must:

- Be between the Ages of 9-16
- Have Reliable Transportation to and from Events and Meetings
- Attend 75% of All Meetings. The meetings are held on the third Thursday of the Month on the following months: February, April, June, August, October, and December. Additional work meetings may be scheduled as needed to prepare for events. These additional meetings would **not** be in the required 75% meeting attendance.
- Attend 50% of Events. The Junior Board hosts 1-3 events throughout the year, but may be asked to participate in various events throughout the community. Therefore, a typical year includes 4-6 Events.
- Display leadership qualities by contributing to meetings and events in a professional manner as representatives of Hillsboro Health. This includes coming to activities prepared, using proper communication skills, and ensuring that the Junior Board is represented in a positive, yet professional light.
- Parents might be needed to assist with the events the Junior Board Member is participating in. At most events, we will ask parents to help out in some capacity in order to help the event run smoothly.

Communication

- E-mails are sent out to notify members and parents of upcoming events and meetings, communicate what is to be discussed or information needed at an upcoming meeting, as well as meeting minutes and requests for help at upcoming activities.
- Text Messages are sent out to those that share their cell phone number with us and prefer texts (parents and members). We send out texts to alert members/parents to an e-mail message that was recently sent out via the Remind app.

Hillsboro Health Junior Board Member Information

NAME: _____AGE:_____BIRTHDATE:_____

ADDRESS:_____

PARENTS NAME AND PHONE NUMBER:_____

PARENTS AND MEMBER'S E-MAIL:_____

Would you like to Receive a Text to Notify you of a Junior Board E-mail ? ☐ YES ☐ NO IF SO, WHICH NUMBER (S):_____

JUNIOR BOARD MEMBER SIGNATURE _____DATE_____

PARENT/GUARDIAN SIGNATURE: _____DATE_____