



## TRUSTEE MEMBER STATEMENT OF AGREEMENT

Name \_\_\_\_\_ Dates of term \_\_\_\_\_

As a trustee of the Ohio Academy of Family Physicians Foundation, I understand that my duties and responsibilities include the following:

- I am fiscally responsible, with the other board members, for this organization. It is my duty to know what our budget is and to take an active part in planning the budget and implementing the fundraising to meet it.
  - I will give what is for me a significant financial donation which reflects my passion for family medicine. I may give this as a one-time donation each year, or I may pledge to give a certain amount several times during the year.
  - I will actively participate in the annual campaign.
  - I will actively participate in the corporate campaign.
  - I will actively engage in fundraising for this organization in whatever ways are best suited to me. These may include individual solicitation, special events, or writing mail appeals and the like.
- I am legally responsible to this organization. I am responsible to know and approve all policies and programs and to oversee their implementation.
- I am morally responsible for the health and well-being of this organization. As a member of the board, I have pledged myself to carry out this organization's mission to cultivate student career choice in the specialty of family medicine. I am fully committed and dedicated to this mission.
- I will attend \_\_\_\_\_ board meetings every year and be available for phone and email consultation. I understand that commitment to this board will involve a good deal of time and will probably not involve less than 2 hours per month.
- I will participate in at least one committee/team to support the work of the Foundation.
- I will stay informed about what's going on in the organization. I will ask questions and request information. I will participate in and take responsibility for making decisions on issues, policies, and other matters. I will not stay silent if I have questions or concerns.
- I will promote the work and value of the Foundation to my colleagues across the state.

I understand no quotas have been set and no rigid standards of measurement and achievement have been formed. Every trustee is making a statement of faith to every other trustee. We trust each other to carry out the above agreements to the best of our ability, each in our own way, with knowledge, support and approval of all. **I know if I fail to act in good faith I must resign, or someone from the board may ask me to resign.**

In its turn, this organization is responsible to me in a number of ways:

- I will be sent, without request, quarterly financial reports, which allow me to meet the prudent person section of the law.
- I can call on the organization's staff to discuss programs and policies, goals and objectives as appropriate.
- Trustees and staff will respond in a straightforward and thorough fashion to any questions I have that I feel necessary to carry out my fiscal, legal, and moral responsibilities to this organization.

\_\_\_\_\_  
Trustee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization Director Signature

\_\_\_\_\_  
Date