



RISE Wellness Board of Directors Application

Hāwāa / Toiyarsut nūism / Gunaalcheesh

Thank you for your interest in serving on the Board of Directors for RISE Wellness. We are a mission-driven nonprofit committed to advancing holistic well-being, equity, and community empowerment. Our board members play a critical role in guiding the strategic direction, governance, and sustainability of our work. Please complete the application below and return it to Noel Rea at nrea@risewellness.org.

Personal Information

Full Name _____

Preferred Name (if different) _____

Address _____

Phone Number _____

Email _____

LinkedIn or Website (optional) _____

Professional Background

Current Occupation/Title _____

Employer/Organization _____

Industry _____

Brief Description of Responsibilities _____



Board Interest & Qualifications

1. Why are you interested in serving on the RISE Wellness Board of Directors?
(Briefly describe what draws you to our mission and work)

2. What professional skills, lived experiences or perspectives do you bring that would benefit our board and organization?

(Check all that apply and elaborate as needed)

- Strategic Planning
- Financial Oversight / Budgeting
- Fundraising / Development
- Marketing / Communications
- Legal Expertise
- Mental Health / Wellness Field
- Community Organizing
- DEI (Diversity, Equity, and Inclusion)
- Nonprofit Governance

Other: _____

Please elaborate:

3. Have you ever served on a nonprofit board before?

- Yes
- No

If yes, please list organization(s), dates of service, and roles held:

Board Commitment

Board members are expected to:

- Serve a 3-year term
- Attend regular quarterly board meetings
- Participate actively in fundraising and strategic planning
- Serve on at least one committee
- Represent and advocate for RISE Wellness in the community

Are you able to commit to these responsibilities?

- Yes
- No
- I'd like to discuss further _____

References

Please list one or two individuals (professional or community-related) who can speak to your leadership, commitment, or character.

Name _____

Relationship _____

Phone _____

Email _____

Name _____

Relationship _____

Phone _____

Email _____

Signature

I certify that the information provided in this application is true to the best of my knowledge. I understand the expectations of board service and am willing to engage in governance and advocacy for RISE Wellness.

Signature _____

Date _____

Please email a copy of your professional resume to nrea@risewellness.org at your earliest convenience.



Confidentiality Agreement for RISE Wellness Board of Directors

This Confidentiality Agreement (“Agreement”) is entered into by and between the undersigned board member (“Board Member”) and RISE Wellness, a nonprofit organization organized under the laws of Alaska, with a principal office located in Ketchikan, Alaska (“the Organization”).

1. Purpose

As a member of the Board of Directors of RISE Wellness, you may have access to confidential, proprietary, or sensitive information. This Agreement outlines your obligation to protect that information.

2. Confidential Information

“Confidential Information” includes, but is not limited to:

- Donor, client, or patient information
- Financial statements and internal reports
- Personnel matters
- Strategic plans and program development
- Legal matters
- Board discussions, votes, and meeting minutes not otherwise publicly disclosed
- Any other information designated as confidential by the Board or Executive Director

3. Obligations of the Board Member

The Board Member agrees to:

- Maintain the confidentiality of all Confidential Information both during and after their board service
- Use such information only for purposes related to their board duties
- Not disclose Confidential Information to any third party without prior written consent from the Organization
- Refrain from using Confidential Information for personal or professional gain

4. Exceptions

This Agreement does not apply to information that:

- Is or becomes publicly available through no breach of this Agreement
- Is disclosed pursuant to legal obligation, subpoena, or court order, provided that the Organization is notified in advance (unless legally prohibited) and given an opportunity to contest the disclosure

5. Return of Materials

Upon the end of board service or at the Organization’s request, the Board Member shall return or destroy all documents, records, and materials containing Confidential Information.

6. Term

This Agreement shall remain in effect during the Board Member's term and shall survive the termination of board service with respect to any Confidential Information disclosed during their tenure.

7. Breach and Remedies

A breach of this Agreement may result in removal from the board and/or legal action. The Organization reserves the right to seek injunctive relief or other remedies as permitted by law.

8. Governing Law

This Agreement shall be governed by the laws of the State of Alaska.

IN WITNESS WHEREOF, the parties have executed this Confidentiality Agreement as of the date written below.

Board Applicant Name (print) _____

Signature _____

Date _____

RISE Wellness Representative _____

Title _____

Signature _____

Date _____



Conflict of Interest Statement

As a member of the Board of Directors of RISE, I acknowledge that I have an obligation to act in the best interests of the organization and to avoid conflicts of interest, or the appearance of conflicts, that could impair my ability to make impartial decisions.

I agree to the following:

1. Disclosure of Interests

- a. I will promptly disclose any personal, financial, or other interest that could result in a conflict of interest, including but not limited to:
 - i. Financial interests in businesses or entities that do business with RISE.
 - ii. Family relationships, personal relationships, or affiliations that might influence my decisions as a board member.

2. Recusal from Decision-Making

- a. When a matter arises before the Board in which I have a conflict of interest, I will disclose the conflict and abstain from discussion and voting on the matter, unless otherwise directed by the Board or applicable law.

3. Duty of Loyalty and Confidentiality

- a. I will act in good faith and in the best interests of RISE, placing the interests of the organization above any personal or professional interests.
- b. I will maintain the confidentiality of information obtained through my board service, unless authorized or legally obligated to disclose such information.

4. Annual Disclosure

- a. I will complete and submit this Conflict-of-Interest Statement annually and update it as necessary if my circumstances change during the year.

Disclosure of Current Conflicts or Potential Conflicts

Please list any entities or situations in which you currently have a personal, financial, or professional interest that could be perceived as a conflict of interest with your duties as a boardmember of RISE. If none, please write "None."

#	Organization	Role/Relationship	Nature of Conflict
1			
2			
3			
4			

By signing below, I confirm that I have read and understand this Conflict-of-Interest Statement and agree to abide by its terms during my service on the Board of Directors of RISE.

Board Applicant Name _____

Signature _____

Date _____



Background Check & Criminal History Disclosure Form

Disclosure

RISE (“the Organization”) may obtain a background check (consumer report and/or investigative consumer report) on you in connection with your service or potential service as a member of the Board of Directors. This background check may include information regarding your character, general reputation, personal characteristics, mode of living, criminal history, credit history (where permitted by law), civil judgments, professional licenses, education, and employment history.

If an investigative consumer report is obtained, you have the right to request a written summary of the scope and substance of the investigation.

This information will be used solely for the purpose of evaluating your fitness to serve on the RISE Board of Directors and will be kept confidential to the fullest extent permitted by law.

IMPORTANT: Failure to disclose any past criminal convictions, guilty pleas, no contest pleas, or pending criminal charges on this form will be grounds for immediate dismissal from the RISE Board of Directors if discovered at a later time.

Criminal History Disclosure

Please answer the following:

- No, I have never been convicted of, pled guilty or no contest to, or had charges pending for any criminal offense.
- Yes, I have been convicted of, pled guilty or no contest to, or have charges pending for a criminal offense. (If yes, please provide details below.)

Date Location (City/State/Country) Charge/Offense Disposition/Outcome Explanation

(Attach additional pages if needed.)

Note: A criminal record does not necessarily disqualify you from board service. Factors such as the nature of the offense, how long ago it occurred, and its relevance to the position will be considered.

Authorization

I, the undersigned, hereby authorize RISE or its designated agents to obtain my background information as described above for consideration in connection with my service or prospective service as a member of the Board of Directors.

I authorize all persons, schools, employers, organizations, and law enforcement agencies to release any information concerning my background, including but not limited to criminal history, employment history, education, and professional licensing records, to RISE and its agents.

I understand that I have rights under the Fair Credit Reporting Act (FCRA), including the right to request, in writing, whether a consumer report was requested and the nature and scope of any investigative consumer report conducted.

I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts may be grounds for denial of service or immediate dismissal from the Board of Directors.

Personal Information

Full Legal Name _____

Other Names Used (e.g., maiden, aliases) _____

Date of Birth (for identification purposes only) _____

Social Security Number (U.S. only) _____

Current Address _____

Previous Address (if at current address less than 3 years) _____

Phone Number _____

Email Address _____

Signature

By signing below, I acknowledge that I have read and understand this Disclosure and Authorization and that I have provided true and complete information.

Signature _____

Date _____

Reset Form

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