



The CommWell Health Foundation
PO Box 340, Four Oaks, NC 27524
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www.commwelhealth.org

ADVISORY BOARD MEMBER RECRUITMENT PACKET

CommWell Health Foundation

Mission: Compassionate delivery of quality medical, dental and behavioral health care services for all.

Vision: To be recognized and respected as a premier Community Health Center in the nation.

CommWell Health Mission Statement

Compassionate delivery of quality medical, dental and behavioral health services for all.

Vision Statement

To be recognized and respected as a premier Community Health Center in the Nation.

Core Values

Collaborative Leadership - WE, not me

Value of Valuing - WE value the strengths and uniqueness of everyone

Teamwork - WE work together

Integrity - WE do the right thing

Learning Environment - WE question, WE learn, WE innovate

Continuous Improvement - OUR excellence tomorrow is greater than OUR excellence today!

Safety - We Strive for Zero Harm

About the Foundation

Established in 2018, the CommWell Health Foundation is dedicated to improving the health and wellness of our communities, with the help of community members, organizations, sponsors, CommWell Health colleagues, and other donors.

Foundation Mission

The CommWell Health Foundation inspires people to give; to improve the quality of life for the communities we serve. We would not be able to increase access to quality primary and preventive care for those in need without the loyal support of our friends and neighbors in our communities. Investing in CommWell Health will help advance and improve treatment, equipment, facilities, and technology, as well as outreach efforts to increase access to health education and prevention programs.

Gift Acceptance

The CommWell Health Foundation is a nonprofit organization that has been recognized under section 501 (c) 3 of the Internal Revenue Code. The Foundation encourages the solicitation and acceptance of gifts. The role of the foundation's staff solicitors is to inform and assist donors in fulfilling their philanthropic wishes, but never with undue pressure or persuasion.

In accepting or declining any such gift, the Foundation Advisory Board must at all times make decisions that are in the best interest of both CommWell Health and the community it serves.

Marketing and Development is currently working on establishing an annual giving program for our donors along with additional recognition opportunities. The Foundation accepts unrestricted and restricted gifts in the form of cash, memorials and tributes, endowment funds, appreciated securities, real estate and tangible personal property, in-kind and planned gifts.

CommWell Health's Foundation to Donors

The CommWell Health Foundation is committed to a relationship with its donors based on the highest ethical standard. This involves treating all transactions with donors with strict confidence.

Donations are made to the CommWell Health Foundation as a general contribution, or designated for a specific department, program, or activity of CommWell Health.

Donations are unrestricted, restricted, and in-kind gifts. Unrestricted gifts are monetary gifts given without restriction and are utilized to purchase materials, or equipment, support CommWell Health programs, equipment, facilities, or in other ways to support the needs of CommWell Health. Unrestricted gifts allow the Foundation to support multiple needs as they arise in the organization. Restricted gifts are monetary gifts offered with restrictions for a specific project, equipment, programs, and scholarships. Restricted gifts can only be used for the specific area the gift was given. In-kind gifts are in the form of goods and services rather than monetary. Examples of this are auction or raffle items.

DESCRIPTION

Title: Foundation Advisory Board of Directors

Approved Date: August 10, 2023

Job description for a Foundation Advisory Board of Directors

A. Advisory Board Member Responsibilities

1. Support the CommWell Health Foundation's mission.
2. Fundraising by planning and participation to secure necessary resources to support the operations, programs, and services of CommWell Health with the organization's philosophy, annual and strategic planning goals and the performance of similar institutions in mind.
3. Represent the Foundation, programs, and services.
4. Comply with the Foundation's Articles of Incorporation and Bylaws.
5. Comply with laws relating to not-for-profit structure.
6. Preserve the fiscal integrity of the Foundation.
7. Develop and evaluate the Foundation's policies and plans.

B. Board Membership Qualifications

1. Supportive of the Mission and Values of CommWell Health.
2. A member that lives within the CommWell Health service area (Southeastern North Carolina).
3. Ability to be unbiased, open to changes that are necessary, and have an optimistic view of the future.
4. Adequate time to serve.
5. Cooperation, consideration and tolerance for views of others.
6. Demonstration of skills that are desirable in the performance of Board functions.
7. Willingness to learn more about Federally Qualified Community Health Centers and the role CommWell Health in that system.
8. Member should be accessible via electronic and phone communication.

C. Advisory Board Member Specific Duties

1. Regularly attend and participate at advisory board meetings, committee meetings and organizational functions.
2. Participate in deliberations, decisions and actions of the Board and its committees to make informed decisions for short- and long-range planning activities.
3. Stay informed about Board policies and committee matters, prepare for meetings and review and comment on minutes and reports.
4. Be an advocate in the community for the CommWell Health Foundation and CommWell Health as a whole. Support, not publicly disagree, with decisions made by a quorum of the members.
5. Contribute financially to the nonprofit by making an annual financial contribution (not required but encouraged).

Foundation Board Meeting Schedule

Board meetings are scheduled quarterly (February, May, August, November) 12:00 pm on the 2nd Thursday of the month via Zoom. A meeting packet is emailed to board members prior to the meeting. A typical meeting lasts approximately one hour.

Foundation Advisory 2026 Meeting Dates

Thursday, February 12, 2026 – 12noon

Thursday, May 14, 2026 – 12noon

Thursday, August 13, 2026 – 12noon

Thursday, November 12, 2026 – 12noon

All meetings will be held via zoom. Zoom information and meeting invites to follow.

Questions, Concerns or Suggestions? Please contact:

Andrea Morales-Williams

Senior Director of Foundation/Marketing

AAMorales@commwellhealth.org

910-567-6194 ext. 7177

Terms

See document (attachment): **CommWell Health Foundation Advisory Board Charter** -

Date Established and Approved: 04/19/2018

Board Committees

Current Standing Meetings (None at this time)

Outline and a summary description of each committee.

Application Process

The application process outlined below begins once you have expressed interest in joining our board.

1. Prospective board member reviews this Board member Recruitment Packet.
2. Prospective board member completes the attached application form and submit it to the Foundation Director at CommWell Health.
3. The CEO, Foundation Advisory Board Members, VP of Development, and Foundation Directors makes recommendation to move candidate forward to the nomination process.
4. Candidate is presented to the CommWell Health Board of Directors for vote.
5. Accepted candidate receives welcome call from the Foundation Director and arranges orientation meeting.
6. Orientation is conducted including introduction to staff, tour, board update and the accepted candidate receives a copy of the Board manual.

Board Member Application

CommWell Health Foundation

Thank you for your interest in our Foundation Advisory Board. This application form is intended to help us find out more about you. If you are successfully nominated as a board member, we will orient you to our organization, inform you about the roles and responsibilities of a member of a Community Health Center board member and place you on the committee that most closely matches your skills and interests.

Please read the enclosed materials, fill out this application and return to:

CommWell Health Foundation
Andrea Morales-Williams, Sr. Director of Foundation and Marketing
6114 U.S. Hwy 301 S, Four Oaks, NC 27524 | 910-567-7177
Or email scan aamorales@commwellhealth.org

About You

Name		Occupation	
Address		Phone 1	Phone 2
City	State	Zip	Email

Briefly describe why you would like to join the CommWell Health Foundation Advisory Board:

Which skills would you like to use on the Foundation Board? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Board development | <input type="checkbox"/> Strategic planning |
| <input type="checkbox"/> Governance/legal | <input type="checkbox"/> Program development |
| <input type="checkbox"/> Non-profit/Fundraising | <input type="checkbox"/> Sales & advertising |
| <input type="checkbox"/> Community networking | <input type="checkbox"/> Education |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Volunteer management |
| <input type="checkbox"/> Public speaking | |
| <input type="checkbox"/> Other _____ | |

What qualities would you bring to the Foundation Advisory Board?

Please list your current organizational affiliations (names of the organizations and your role within them).

What other comments or concerns do you have about advisory board membership?

You agree to provide at least 2 hours quarterly to attend board and/or committee meetings and that you will abide by the Foundation's policies and will disclose any conflict of interest which may exist.

Your signature

Date

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

____ Yes ____ No ____ Maybe

Advisory Board Member Information Form

Please fill out the following information which will be kept confidential and only used with your permission. When preparing our annotated board lists, we will limit the information on that list to your professional affiliation. For internal purposes we will prepare a board list that includes name, contact numbers including email and preferred address(es). CommWell Health will be sending news and upcoming event information to your email

Name: _____

Home Address or PO Box Mailing Address: _____

County of Residence: _____

Home Phone: () _____

Mobile (cell) Phone: () _____

Personal Email: _____

Affiliated with a company/organization/agency: Yes No

Organization/Agency Name: _____

Title/Position: _____

Office Address: _____

Work Email: _____

Work Office Number: () _____

or Work Cell Phone: () _____

Please identify your racial, gender, ethnic and/or cultural background, if comfortable.

The CommWell Health Foundation uses this information to gauge its effectiveness in recruiting a diverse group of volunteers.

☐ African American

☐ Native American/Alaska Native

☐ Hispanic/Latina/Latino

☐ Asian American

☐ Pacific Islander/Native Hawaiian

☐ White/Caucasian

☐ Middle Eastern

☐ Prefer To Self-Describe

☐ More Than One Race

☐ Prefer Not To Answer

Gender/How do you identify: _____

Please indicate preferred mailing address by putting an * next to the appropriate entry.