

Rural Health association of Tennessee Board Member Agreement

As a member of the Board of Directors of Rural Health Association of Tennessee (RHA of TN), I agree to support the mission and vision of the organization. I agree to meet the following expectations regarding my duties and responsibilities:

1. Participate in RHA of TN policy development and approval processes.
2. Understand RHA of TN priorities and initiatives, including public policy activities.
3. Actively monitor RHA of TN's income and expenses; review and approve the quarterly finance reports and annual budget.
4. Ensure RHA of TN meets both legal and ethical standards for nonprofit, tax-exempt organizations. (see "A Guidebook for Tennessee Nonprofits" in your Board Orientation packet.)
5. Protect the reputation of RHA of TN, pledging to carry out my responsibilities with the highest degree of integrity and to disclose any potential or perceived conflicts of interest (see Conflict of Interest disclosure form)
6. Respect, listen to, and treat all people involved with RHA of TN courteously.
7. Recognize RHA of TN exists to serve members and organizations working to improve the health of rural Tennesseans and strengthen access to healthcare.
8. Attend quarterly board meetings. I understand that I **may not miss three** consecutive Board meetings (virtual or in person), as stated in RHA of TN's By-laws.
9. Actively serve on at least one RHA of TN Committee
10. Maintain active RHA of TN Membership by paying annual dues.

RHA of TN Staff and Executive Committee Members will support the Board of Directors in meeting their obligations in the following ways:

1. Provide quarterly financial reports, without having to request them, including the annual budget which is reviewed and approved by the Board of Directors.
2. Answer questions related to RHA of TN's programs, public policy priorities, initiatives, and operations of RHA of TN, providing supporting documentation if needed/requested.
3. Answer questions and/or provide supporting documentation so that I can carry out my fiscal, legal, and moral responsibilities to RHA of TN's members and funders.
4. Provide regular, accurate, and timely information about issues and problems that may have major impact upon RHA of TN's staff, board, members, and/or funders.
5. Maintain liability insurance to limit my legal liability as result of any actions taken by RHA of TN Board of Directors. A copy of that insurance will be on file in the and provided in the Board Orientation packet

Name: _____

Date: _____

Signature: _____

Board President: _____

Date: _____

Signature: _____