



**NATIONAL
WOMEN'S
HEALTH
NETWORK**

Board Member Compact

By accepting the role of Board member, I agree to support the NWHN's mission and to act responsibly and prudently as the NWHN's steward.

As a NWHN Board member I will:

1. Be a member of the NWHN.
2. Act as an ambassador for the NWHN.
3. Participate actively in Board meetings, arriving well prepared and vote consistent with my conscience and conviction, supporting the majority decision and representing it with a common voice.
4. Adhere to the fiduciary principles of carrying out Board responsibility with the utmost degree of good faith, honesty, integrity, and loyalty.
5. Maintain the confidentiality of all confidential information to which I gain access in my capacity as a Board member, signing the Confidentiality Agreement annually.
6. Put first the interest of the NWHN's mission when conducting NWHN business, excusing myself from discussions and votes where I have a conflict of interest or where there may be an appearance of a potential conflict of interest. I will complete a disclosure statement annually.
7. Help ensure the the organization complies with all applicable state and federal laws.
8. Make an annual personal financial gift to the NWHN that is meaningful to me.
9. Actively serve on at least one committee by participating in Committee meetings and following through on commitments made.
10. Work in good faith with the staff and other Board members as partners toward achievement of our goals.
11. Participate in the NWHN's fundraising initiatives.

To support me in my Board member role, the NWHN will:

1. Send me and/or make available in the Board file on SharePoint, an agenda and materials at least one week prior to each Board meeting.
2. Provide a new Board Member Orientation session
3. Keep me informed about material issues affecting the NWHN (e.g., organizational, staffing, environmental, political, and financial) so that I may make the best decisions possible as a member of this Board.
4. Provide ongoing Board education and training.
5. Provide Directors & Officers Liability Insurance.

I understand and agree to the foregoing expectations and undertakings.

Board Member Name

Board Member Signature

Executive Director Signature

Date