

7600 Leesburg Pike, Suite 200 West Falls Church, VA 22043

PHONE 571-483-4500 | 800-252-4515

FAX 571-483-4482 WEB www.childlife.org

Candidate Name: _		
Board of Directors	Position:	

ACLP Board Member Time Commitment, Expectations and Term Commitment:

All Board Members are expected to attend 2-3 face to face board meetings per year (each 2-4 days in length, including the annual conference) well as participate in 2-4 board conference calls annually, with high activity typically occurring in the months of October/November and May/June.

President-Elect

- 5-8 hours per week
- One-year term, then assumes role as President on the Board the following year, following by a year as Past-President *(Time requirements below)
- Participation in Board Liaison Committee Meetings and other Task Force conference calls
- Weekly calls with ACLP CEO
- Monthly calls with the Executive Committee
- *Assumes 1 year term of President the subsequent year followed by the role of Past-President for a 1year term.
- President requires 5-12 hours per week, including weekly calls with ACLP CEO and monthly calls with the
 executive committee
- Past President requires 4-6 hours per week, including monthly calls with executive committee, quarterly director calls, and participation in board liaison committee and/or task force conference calls

Treasurer

- 6-12 hours per month
- Two-year term, then two-year additional service on the Finance Committee
- Participation in Conference calls for: Finance Committee (monthly), Executive Committee (monthly), and any other committees with whom this position liaises

Secretary

- 6-12 hours per month
- Two-year term
- Participate in Conference calls for: Executive Committee and Conference calls as Board Liaison with assigned committees and Task Forces
- Takes minutes for monthly calls with the Executive Committee

Director

- 6-12 hours per month
- Two-year term
- Quarterly Directors' Calls
- Conference calls as Board Liaison with assigned committees and Task Forces

Recommendation Statement: Supervisor Name and Title (please print/type): Do you give permission for the above listed candidate to assume a role on the ACLP Board of Directors given the time commitments and expectations described above? No In thinking about the critical attributes identified for an ACLP Board member, how strongly do you recommend this candidate? Commitment to creating diverse, inclusive, and equitable environments ☐ Unable to evaluate ☐ Highly recommend ☐ Recommend ☐ with Reservations ☐ I do not recommend Effective Communication \square Highly recommend \square Recommend \square with Reservations \square I do not recommend ☐ Unable to evaluate Leadership Commitment ☐ Highly recommend ☐ Recommend ☐ with Reservations ☐ I do not recommend □ Unable to evaluate Emotional maturity/ personal integrity/ honesty ☐ Highly recommend ☐ Recommend ☐ with Reservations ☐ I do not recommend ☐ Unable to evaluate Ability to think strategically & analytically ☐ Highly recommend ☐ Recommend ☐ with Reservations ☐ I do not recommend ☐ Unable to evaluate Works well with others in collaborative group ☐ Highly recommend ☐ Recommend ☐ with Reservations ☐ I do not recommend □ Unable to evaluate Ability to facilitate group decision- making ☐ Highly recommend ☐ Recommend ☐ with Reservations ☐ I do not recommend ☐ Unable to evaluate Overall recommendation ☐ Highly recommend ☐ Recommend ☐ with Reservations ☐ I do not recommend ☐ Unable to evaluate Please provide additional insight/comments for the nominating committee to review: *If you are in private practice or a circumstance where you do not have a direct supervisor, please have the recommendation portion of this form completed by an individual who can provide insight into your time availability and ability to meet the expectations above. Supervisor Signature: _____ Date: ____