HILDE B FOUNDATION

BOARD MEMBER AGREEMENT

1. Purpose and Commitment

Board Member Initials: _____

1. Purpose and Communent
The undersigned agrees to serve as a member of the Board of Directors for the Hilde B Foundation
("Foundation"). Board members commit to supporting the mission, providing strategic oversight, and
upholding the fiduciary duties of care, loyalty, and obedience.
Board Member Initials:
2. Term of Service
Board terms are for a period of one (1) year unless otherwise stated. Members may be reappointed or may
resign at any time by written notice to the Chair.
Board Member Initials:
3. Attendance and Participation
Board members are expected to attend regular meetings, participate in committee work, and contribute
actively to governance and fundraising efforts.
Board Member Initials:
4. Conflict of Interest
Board members must disclose potential conflicts of interest and abide by the Foundation's Conflict of Interest
Policy, refraining from decisions where personal interests could compromise integrity.
Board Member Initials:
5. Confidentiality
All sensitive board discussions, financial matters, and confidential information must be kept private and not
disclosed to unauthorized parties.

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6. Representation

Members shall not speak on behalf of the Foundation unless explicitly authorized. They agree to represen
the Foundation with professionalism and integrity.
Board Member Initials:
7. No Compensation
Board service is voluntary. Members will not receive financial compensation, but may be reimbursed fo
approved expenses incurred on behalf of the Foundation.
Board Member Initials:
8. Removal
Board members may be removed by a majority vote of the Board for breach of duty, inactivity, or actions
inconsistent with the Foundation's mission or values.
Board Member Initials:
9. Governing Law
This Agreement shall be governed by the laws of the State of California.
Board Member Initials:
SIGNATURES
Board Member (Print Name):
Signature: Date:
Title/Role:
Hilde B Foundation Representative (Print Name & Title):

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Signature:	Date:

Full Name:	
Signature:	
Date:	_