



How to be an Advisory Board Member

OUR MISSION

To advocate for the needs of those who experienced their first stroke before age 65 through research and education initiatives.

RESPONSIBILITIES

- To suggest and support plans and strategies for events and other undertakings.
- Participate in quarterly meetings via social media.
- Evaluate performance achievement of strategy and long-term vision.

REQUIREMENTS

To serve a 1-year term effective from the quarter of appointment, with the opportunity to renew terms contingent upon active participation and committee service. Applications are encouraged by our diverse, global audience.

SELECTION PROCESS

The desired demonstrated skills and experiences listed below will be utilized by the Advisory Board Development Committee of the Board of Directors for selection:

- Communication Network
- Social/ Political Influence
- Subject Matter Expertise
- Technological Savvy
- Leadership
- Business Acumen
- Survivor of young stroke
- Carer of young stroke survivor
- Healthcare professional with young stroke client/patients

NOTIFICATION

Email notifications announce the quarterly rolling selection of membership for the Survivor Advisory Board, Carer Advisory Board and Healthcare Professional Advisory Board adopted each April, June, September and December. The number of new Advisory Board members is unlimited. Upon selection, new members receive a request to sign a non-disclosure agreement prior to participation.

Advisory Board Application

Please submit this application with a copy of your resume/vitae to: YSI Board Development Committee, P. O. Box 692, Conway, SC 29528 or email: info@youngstroke.org.

First Name: _____ Last Name: _____

Email Address: _____

Desire to serves as: ___ Survivor ___ Carer ___ Healthcare Professional

Please complete the following questions, attaching extra pages as needed:

1. Please describe your experience with stroke in young adults.
2. Describe how the advisory board my benefit from your participation.
3. Describe any prior Board service, or support group experience.
4. Describe why you desire to serve on this advisory board.
5. Please check all in which you have experience:

Event Planning/Fundraising	Human Resources/Training
Media Relations	Board Leadership
Technology/Social Media	Medical/Healthcare Professional
Finance/Accounting	Public Relations
Advertising/Marketing	Non-Profit Leadership
Academic	Leadership
6. List communication technologies with which you have access and proficiency, in addition to required email.

I certify the information I have provided is true and accurate to the best of my knowledge:

Print Name: _____

Signature: _____ Date: _____