



---

## **Bleeding Disorders Association of South Carolina Prospective Board of Director Requirements Policy**

If you are interested in serving on the Board of Directors for Bleeding Disorders Association of South Carolina, please return the following completed questionnaire for consideration.

- First and foremost, you must be committed to fulfilling the Mission of BDASC as stated in our By-Laws. A copy of the By-Laws will be provided to you.
- Must be committed, energetic, and willing to attend monthly Board Meetings, Teleconferences or other, as needed to make decisions for the organization. Upon consideration of your time, distance to travel, and job schedule, the Board will move locations of physical meetings that best serves the majority attending and will consider all forms of media to accommodate. The Board currently meets primarily in Greenville and Columbia as a central location and virtually through Zoom Meetings.
- You must be willing to sign the BDASC Conflict of Interest policy required per our Charter with NHF.
- You must be able to work cohesively with the other Board Members. We all come from diverse back grounds. It is important to have the ability to share, discuss, accept, support, and respect the ideas and decisions of others and the majority vote.
- You must be able to receive and respond to e-mails and calls in a timely manner; ideally within 24 hours but no longer than 48 hours. Some Board and committee decisions and discussions may need to be addressed in a time-sensitive manner.
- Should be able to attend, support, and serve on/or chair a committee as needed.
- Must be willing to fundraise to support the organizations operational yearly budget needs.

---

Please complete this form if you would like to be considered to serve a term (two years) on the Board of Directors  
for Bleeding Disorders Association of South Carolina

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # where you can be reached best \_\_\_\_\_

Alternative phone # if others available \_\_\_\_\_

E-mail address: \_\_\_\_\_

---

What are your skills, strengths, type of work and interests that you can offer to the Board of Directors to help Bleeding Disorders Association of South Carolina accomplish its mission? Why do you want to serve on the Board of Directors?

---

---



---

Do you have a bleeding disorder? \_\_\_\_\_ Does someone in your family have a bleeding disorder? \_\_\_\_\_

---

Please return this application by mail or email. You will be contacted by phone for a possible interview and will be provided with additional documents to review and sign should you be nominated for a position. Thank you for your interest! Please contact the Chapter with any question you may have at 864-350-9941.

**Return to: Bleeding Disorders Association of South Carolina**  
**Attn: Nominating Committee Chair**  
**439 Congaree Road, Suite #5**  
**Greenville, SC 29607**  
**Info@hemophiliasc.org**