



McIntosh Trail

Mental Health ♦ Developmental Disabilities ♦ Addictive Diseases

Serving Counties: Butts, Fayette, Henry, Lamar, Pike, Spalding, Upson

Community Care for Individual Needs

1501-A Kalamazoo Drive

P. O. Box 1320

Griffin, GA 30224

phone 770-358-5252

fax 770-229-3223

Administrative Office

COMMUNITY SERVICE BOARD

Board Member Job Description

As a board member of the McIntosh Trail Community Service Board, I understand that:

1. My term is for three years, representing _____ County.
2. I am volunteering my services to this board. If I choose, I can request reimbursement for travel and related expenses, according to the travel policies of McIntosh Trail agency.
3. I am covered by the agency's general liability insurance for actions the board takes.

Legal/Ethical/Board Process Issues:

4. My power and authority to act exist when I am in board meetings with the full board. Outside the full board, I have no legal authority to act for the board or make any decisions for the board, unless specifically authorized by the board.
5. I represent the county appointing me, but I serve the interests of all consumers of mental health, developmental disabilities, and addictive disease services in the McIntosh Trail area.
6. I must make decisions based on what is best for those I serve, not based on personal or special interests.
7. As a board member, it is important that I listen to other members and get to know them, explain my position on issues clearly, be vocal when I agree and disagree, respect what other members have to say, support board decisions even when I disagree, and leave my disagreements at the board table.

Role of Board Members:

1. To participate in governing McIntosh Trail CSB by employing a director. I understand that, as the board delegates all management responsibility to the director, the board's role is to carefully monitor the director's work to make sure the agency is run cost-effectively within the parameters set by the board.



CSB Board Member Job Description

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2. To participate in, adopt by-laws and revise them as necessary, and to make them a part hereof by reference.
3. Attend meetings as scheduled. If I miss three consecutive meetings, I may be removed by a vote of the board.
4. To become familiar with the by-laws of this board.
5. To participate in developing ENDS policies for the agency, defining in broad terms, the outcomes required of the agency.
6. To participate in the functions of the board by actively serving on an ad hoc committee, if appointed. I understand that committees are extensions of the board and accountable to the board, with no power or authority beyond what is granted by the full board.
7. To participate in adopting an annual budget and monitoring the agency's financial performance. I will become knowledgeable about the budget format to enable me to review documents wisely and be accountable for funds received and expended.
8. To participate in setting and monitoring board policies. I understand that McIntosh Trail operates under several sets of policies and procedures and that those policies and procedures were adopted by this board as part of the transition from Board of Health governance to Community Service Board governance (1994), and that these policies and procedures are re-approved annually.
9. To participate in contracting for legal counsel to represent the board and its employees.
10. To comply with the Open Meetings Act, the Open Records Act, and Conflict of Interest laws.

Name of Board Member:

Date appointed:

End of term:

Board Member Signature

Date



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Policy 1006

Attachment 2

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STATE OF GEORGIA

COUNTY OF _____

I, _____, do solemnly swear or affirm that I will truly perform the duties of a member of the McIntosh Trail Community Service Board to the best of my ability.

I do further swear or affirm:

1. That I am not the holder of any unaccounted for public money due this state or any political subdivision or authority thereof;
2. That I am not the holder of any office of trust under the government of the United States, any other state, or any foreign state which I am by the laws of the State of Georgia prohibited from holding;
3. That I am otherwise qualified to hold said office according to the Constitution and the laws of Georgia; and
4. That I will support the Constitution of the United States and this state.

Signature of Member of McIntosh Trail Community Service Board

Typed Name of Member of McIntosh Trail Community Service Board

Sworn and subscribed before me

this _____ day of _____, 20__.

Notary Public

