

## **Join the Board of Directors at Homer Senior Citizens, Inc. Make a Difference in Your Community!**

Homer Senior Citizens, Inc. provides essential services that support seniors and their families, including **independent and assisted living, meal delivery, adult day services, and senior programs.**

We are seeking **dedicated individuals** to serve on our **Board of Directors**. Board members play a crucial role in guiding our organization and ensuring its continued success. The commitment is approximately **8-12 hours per month**, including attending meetings, participating in decision-making, and supporting our mission.

### **Why Serve on the Board?**

- ✓ **Make a lasting impact** on the lives of seniors in our community.
- ✓ **Help guide programs and services** that support independence, dignity, and connection.
- ✓ **Use your skills and experience** in leadership, finance, health care, housing, or community outreach.
- ✓ **Ensure that Homer Senior Citizens, Inc. remains strong and sustainable** for future generations.

### **Who Can Apply?**

For the first time, **both Regular and Associate Members (18+)** are eligible to run for the Board of Directors. Whether you are a longtime community member, have a loved one who benefits from our services, or simply **care about the future of senior care in Homer**, we encourage you to apply.

 **Application Deadline: April 5th, 2026**


 **Eligibility: Open to all Regular and Associate Members (if you are not a current member, go to [homerseniors.org](http://homerseniors.org) to become a member today)**

### **How to Apply**

Applications are available at the **main office of Homer Senior Citizens, Inc.** or can be requested by contacting:

 **Jen Haskins, Membership Chair:** [jhankins83@gmail.com](mailto:jhankins83@gmail.com)

 **Shirlie Gribble, President:** [sgribble.hsc@gmail.com](mailto:sgribble.hsc@gmail.com)

 **Call/Text: 907.399.31223**

Your leadership **can make a difference**. Join us in ensuring that **Homer Senior Citizens, Inc. continues to serve, support, and strengthen our community.**

**Homer Senior Citizens, Inc. Board of Directors Disclosure Statement Applicant Information**

**Name:** \_\_\_\_\_ **Date Covered:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip**

**Code:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Secondary Address (if applicable):** \_\_\_\_\_ **Alternative**

**Phone Number:** \_\_\_\_\_

**Relationship to the Organization**

Please describe your relationship to Homer Senior Citizens, Inc.:

☐ No financial interest

☐ Volunteer

☐ Paid Position (please specify): \_\_\_\_\_

List any business or professional service entity in which you have a **10% or greater ownership interest** and from which HSC intends to obtain goods, services, or anything of value:

☐ Does not apply

**Can the costs of obtaining these goods or services be estimated at this time?**

☐ Yes ☐ No

If yes, indicate the anticipated costs: \$ \_\_\_\_\_

**Disclosure Questions**

**1. Have you ever been convicted of a felony?** ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

**2. Have you been convicted of a misdemeanor within the past 10 years (excluding minor traffic violations)?**

☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

**3. Have you been party to any civil action where a judgment for damages was obtained?**

☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

**4. Has an injunction ever been issued against you for fraud, embezzlement, fraudulent conversion, or misappropriation of property?**

☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

**5. Have you ever had a state or federal permit or license revoked or suspended?**

☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

**6. Have you ever been disqualified from providing services in the Medicare or Medicaid program?**

☐Yes ☐No

If yes, explain: \_\_\_\_\_

(Attach additional sheets if necessary.)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Thank you for your honesty and cooperation. Your information will be kept confidential and used solely for the purposes of ensuring transparency and integrity within the Board of Directors of Homer Senior Citizens, Inc.

**Homer Senior Citizens, Inc. Vision, Mission & Culture Statements**

**Vision:** To be Alaska's premier community for older adults, offering a welcoming and vibrant environment where life is both restorative and active.

**Mission:** Homer Senior Citizens cultivate a wholistic and respectful community through enriching, dynamic, independent living.

**Culture:** At Homer Senior Citizens we cultivate a spirit of kindness, respect, teamwork, resilience, honesty and transparency, building trust and security for residents and staff. With a focus on fun, humor and health we create a vibrant cohesive supportive community where everyone can thrive with dignity and joy.

## Instructions

### Homer Senior Citizens, Inc. 2026 Board of Directors Application

Please complete this application and return it by mail, in person, or via email to:

 **Jen Haskins, Membership Chair:** [jhankins83@gmail.com](mailto:jhankins83@gmail.com)

 **Shirlie Gribble, President:** [sgribble.hsc@gmail.com](mailto:sgribble.hsc@gmail.com)

 **Homer Senior Citizens, Inc. Attn: Board of Directors** 3935 Svedlund St.Homer, AK.  
99603

**Thank you for your interest in joining the Homer Senior Citizens' Board of Directors!** All information you provide will be kept strictly confidential. We're looking to build a well-rounded board with diverse skills and perspectives, and we look forward to learning more about what you can contribute. Please take a moment to review our Mission and Values statements alongside this application.

Your application will be reviewed by the **Board Nominating Committee** and forwarded to the full board. A committee member will contact you regarding the status of your application.

## Applicant Information

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Are you currently a full-time resident of the Southern Kenai Peninsula, Ak. and would you be able to attend board meetings in person at HSC?**

☐ Yes ☐ No

**Do you have a computer and internet access?**

☐ Yes ☐ No

## Technology Proficiency

How would you rate your comfort level with the following:

- **Email:** ☐ Never ☐ Fair ☐ Good ☐ Excellent
- **Zoom:** ☐ Never ☐ Fair ☐ Good ☐ Excellent
- **Microsoft Word:** ☐ Never ☐ Fair ☐ Good ☐ Excellent
- **Microsoft Excel:** ☐ Never ☐ Fair ☐ Good ☐ Excellent
- **Texting:** ☐ Never ☐ Fair ☐ Good ☐ Excellent

**Are you interested in learning and improving your technology skills?**

☐ Yes ☐ No

## Application Questions

Please answer the following on a **separate sheet of paper** or in an email response:

1. **Describe your history or personal experience with Homer Senior Citizens, Inc. and seniors in our community.**
2. **Describe your leadership experience, including participation on committees and/or boards of directors.**
3. **What strengths do you bring to the Board? In what areas do you see yourself being most helpful?**
4. **List your community involvement over the past 5+ years, including memberships and other activities.**
5. **Briefly describe your background, interests, or hobbies.**
6. **Do you have any reservations or concerns that could limit your ability to serve on the Board?**
7. **Are you able to support the Mission and Values of Homer Senior Citizens, Inc.?**
8. **In addition to overseeing the Executive Director, planning, and identifying the organization's mission and fundraising, each Board of Directors member has fiduciary responsibility. How would you explain fiduciary responsibility?**
9. **What do you believe are the responsibilities of a nonprofit Board of Directors?**
10. **What additional thoughts or insights would you like to share?**

## References

Please provide the names and contact information for **three (non-family) references** who can speak to your leadership skills and organizational abilities:

1. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_
2. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_
3. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

## Signature & Date

I certify that the information provided is accurate and that I understand the responsibilities of serving on the Board of Directors.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Board Skills & Expertise Matrix

Please check any areas where you have experience or expertise:

- ☐ Housing
- ☐ Finance
- ☐ Marketing & Communications
- ☐ Fundraising
- ☐ Governance
- ☐ Senior Care Services/Healthcare
- ☐ Strategic Planning
- ☐ Other: \_\_\_\_\_