

Seminole Advisory Board Council

Seminole State Center for Economic Development at Heathrow
Office 407.708.4418 Fax 407.708.2407
1055 AAA Drive
Lake Mary, FL 32746

Volunteer Advisor Application

PRINT, SIGN AND FAX TO 407.708.2407 Attn: Robert J. Goetz, Certified Business Analystist

Briefly answer the questions below.

CONTACT INFORMATION

Full Name: _____ **Company Name:** _____
Title: _____ **Mailing Address:** _____
Email: _____ **City:** _____
Phone: (____) _____ - _____ X - _____ **State:** _____ **Zip:** _____ **County:** _____
Fax: (____) _____ - _____ X - _____ **Home Phone:** (____) _____ - _____ X - _____
Cell Phone: (____) _____ - _____ X - _____ **Website:** _____

CURRENT EXPERTISE/PRIMARY EXPERTISE

Primary Responsibilities:

Current Industry:

Primary Products and Services:

Do you have board experience (not req'd.)? YES NO If yes, where?

Are you fluent in another language? YES NO If yes, what ones?

How did you hear about the Advisory Board Council?

SECONDARY EXPERTISE

What other areas of expertise do you have?

In what other industries do you have experience?

How can you best support a growing business?
(Example: "Help obtain financing", "Streamline operations", "Long-term strategy", " or "Marketing and branding.")

PERSONAL CERTIFICATIONS

Certification	Issuing Organization	Date Received

EDUCATION

College, University or School	Major/Degree	Year Attended

PROFESSIONAL MEMBERSHIPS

Membership Role	Organization	Dates

AVAILABILITY AND COMMUNICATION

How many HOURS per MONTH can you devote to the Advisory Board service? 1-2 3-4 5-6 7-8 9+

How do you prefer to be contacted? Phone Email Snail Mail Fax Unsure
(Check all that apply)

What is the best time for you to attend board meetings? Morning Afternoon Early Evening Night Weekdays Weekends

Is there anything coming up in the next year that would prevent you from staying "active" during your board assignment?
(Example: extended vacation, maternity or paternity leave, relocation, etc.)

ADDITIONAL COMMENTS

Expand on your expertise and strengths in supporting growth businesses.

SUBMIT YOUR RESUME

Mail, email or fax a bio, resume or CV to:

Robert J. Goetz
Program Manager
Advisory Board Council
407.708.4418

goetzr@seminolestate.edu
1055 AAA Drive
Lake Mary, FL 32746
FAX 407.708.2407

AGREEMENT & SIGNATURE

My signature acknowledges that I am offering to assist businesses in the capacity of an unpaid advisor for a term of one-year, once I am invited to participate in an Advisory Board. I understand that my application, as long as it demonstrates at least one area of expertise, will be kept on file with the Advisory Board Council and that board assignments are based on the needs of a "client company" and not on the Advisor's willingness to serve. As an Advisor, active or waiting to be assigned, I can participate in all events and receive benefits as outlined on the Advisory Board Council website. I agree to notify the Council Program Manager in the event that the company I am advising requests to contract/hire my company or me or if I perceive a conflict of interest at any time.

CONFIDENTIALITY: For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned hereby agrees as follows:

As an unpaid advisor I will be given access to certain oral and written non-public information (collectively, the "Confidential Information") relating to the business that they will be assigned to in connection with the undersigned's service on the Company's Advisory Board. The undersigned acknowledges that the Confidential Information, regardless of how furnished and whether or not marked "confidential," constitutes valuable, confidential, proprietary information and/or trade secrets of the Company. Notwithstanding the above, the term "Confidential Information" does not include information which (a) is or becomes generally available to the public other than through disclosure by the undersigned, (b) is already known or becomes available to the undersigned on a non-confidential basis prior to disclosure to the undersigned by the Company, or (c) is independently developed by the undersigned without reliance upon the Confidential Information from the Company.

The undersigned shall: (a) keep all Confidential Information secret and confidential and not disclose the same to any person except as authorized by the Company or as required by law; and (b) not use the Confidential Information for any purpose, directly or indirectly, other than as directed by the Company. If the undersigned is requested pursuant to, or required by, applicable law or legal process to disclose any Confidential Information, the undersigned shall provide the Company with prompt notice of such request(s) to enable the Company to seek an appropriate protective order. As used herein, the term "person" shall be broadly interpreted to include any corporation, company, partnership, limited liability company, joint venture or individual.

Upon request of the Company, the undersigned shall promptly return all Confidential Information, including all copies, reproductions, summaries, analyses and extracts. Without prejudice to the other rights and remedies available to the Company, the Company shall be entitled to equitable relief by way of injunction if the undersigned breaches or threatens to breach this Agreement. No failure or delay by the Company in exercising any right hereunder shall operate as a waiver, nor shall any single or partial exercise thereof preclude any other or further exercise thereof or the exercise of any right hereunder. This Agreement shall be governed by and interpreted under Florida law.

Print Name _____ **Title** _____

Signature _____ **Date** _____