



Board Member Application Packet

Organization Background

Angel Eyes, formerly The Colorado SIDS Program, was incorporated in 1981 and represents a merger of the Colorado Chapter of the National SIDS Foundation, a parent organization formed in 1967, and the SIDS Information and Counseling Project, which was funded in 1976 through a federal grant. The Colorado SIDS Program was the first, and one of the few, SIDS organizations to combine a parent and a professional organization into one agency to provide a statewide approach to SIDS services.

Effective January 1, 2008, Angel Eyes expanded its mission to provide a comprehensive array of risk reduction and awareness services concerning Sudden Unexpected Infant and Toddler Deaths with the only exception being cases of parental involvement in the criminal justice system (*e.g.*, homicides, assault, criminal neglect) as a result of the death.

Mission Statement

Helping families and others cope with the sudden, unexpected death of an infant or toddler, while raising awareness, providing education and supporting research regarding sudden, unexpected infant and toddler death.

Core Values

Counseling and Support – Offer compassionate and professional bereavement counseling and support services at no charge to families, caregivers and others that are impacted by the sudden, unexpected death of an infant or toddler.

Education and Awareness – Bring awareness and risk reduction education to the Colorado community.

Research – Support efforts to reduce the incidence of infant and toddler deaths. Maintain statistical data that is available and of value to researchers.

Goals/Objectives

- provide every Colorado family experiencing the sudden, unexpected death of an infant or toddler with a personal contact soon after we are notified of the death, along with informational packets containing appropriate literature regarding the death and bereavement issues;
- provide professional case management, information and support services in a culturally competent and linguistically appropriate manner to those affected by sudden, unexpected infant or toddler death throughout the next two years following the death and longer if needed;
- provide accurate and culturally competent information and education to the Colorado community regarding SIDS and other sudden, unexpected infant and toddler deaths;
- provide accurate data regarding these deaths in Colorado; determine trends that might reflect areas of program or educational needs; and
- provide sufficient operating funds to support program operations through fundraising, grants, individual donations and corporate donations.



Board of Directors Application

Please complete this application and submit:

By mail - Angel Eyes

Attn: Board Recruitment

425 South Cherry Street, Suite 560

Denver, CO 80246

By email - info@angeleyes.org (please use subject line "Board Recruitment")

Name _____ DOB _____

Home Address _____

Phone _____ Email _____

Occupation _____ Employer _____

Business Address _____

Phone _____ Email _____

Job description and/or attach resume _____

Education/Training* _____

Do you have any Current/Previous Board experience. If yes, please list associations, dates, offices held, committees served, etc.*

Have you ever volunteered for Angel Eyes? Yes No

If yes, when was the last time you volunteered for Angel Eyes?

0 - 2 years 2-5 years 5+ years

Current Volunteer Activities*

Briefly explain why you want to serve as an Angel Eyes Board of Directors member*

What skills/expertise will you bring to the Angel Eyes Board of Directors*

Additional Comments*

**Please attach additional pages if needed.*

Expectations of Angel Eyes Board Members:

- Attend monthly Board meetings
- Lead or participate in various committees
- Participate/volunteer in Angel Eyes Annual Fundraisers (SUDS for SIDS, Claws for a Cause, Angel Walk and Colorado Gives Day)
- Financially support Angel Eyes (no minimum amount required)

Thank you for your interest in becoming an Angel Eyes Board Member. You will be contacted by Angel Eyes regarding the status of your application.

I, _____, acknowledge that I have completed this application to the best of my knowledge and that all the information I have provided is correct.

Signature

Date