

**\* 1. Name of Board Member**

**\* 2. Individual Board Member Self Assessment**

	Yes	No	Not Sure
Do I understand and support the mission of NJHSA?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Am I sufficiently knowledgeable about NJHSA's programs and services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do I follow trends and important developments related to NJHSA?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do I assist with fundraising and/or give a meaningful annual gift to NJHSA?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do I stay informed about NJHSA's financial health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do I have a good working relationship with the chief executive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do I recommend individuals for service to this Board?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do I prepare for and participate in Board meetings and committee meetings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do I act as a goodwill ambassador for NJHSA?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do I find serving on the Board to be a satisfying and rewarding experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do I attend at least 75 percent of Board meetings during the year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Not Sure
Do I make a commitment to attend NJHSA's annual conference?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do I actively reach out to bring more members into NJHSA and to its programs and conferences?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What could NJHSA do to make my Board service more productive and satisfying to me?

4. What could I do to make my Board service more productive for NJHSA and more meaningful to me?

5. What orientation, training, education or mentoring would help me perform my role as a Board member more effectively?

\* 6. Please state the financial contribution made during the past year to support the Network.

\* 7. Please state the financial contribution that you pledge to make to support the Network in the coming year

8. Please share any additional comments here.

Thank you for your participation with this assessment, your commitment to NJHSA and your service as a member of the Board.