



# Advisory Board Council

Small Business Development Center at UCF  
Office (407) 420-4850 Fax (407) 420-4862  
3201 E. Colonial Dr., Suite A-20  
Orlando, FL 32803  
[www.advisoryboardcouncil.com](http://www.advisoryboardcouncil.com)

## Volunteer Advisor Application

EMAIL APPLICATION AND RESUME TO: [manager@advisoryboardcouncil.com](mailto:manager@advisoryboardcouncil.com)

OR

PRINT AND FAX TO (407) 420-4862 Attn: Program Manager

*Briefly answer the questions below.*

### CONTACT INFORMATION

<b>Full Name:</b> _____	<b>Company Name:</b> _____
<b>Title:</b> _____	<b>Mailing Address:</b> _____
<b>Email:</b> _____	<b>City:</b> _____
<b>Phone:</b> _____	<b>State:</b> _____ <b>Zip:</b> _____ <b>County:</b> _____
<b>Fax:</b> _____	<b>Home Phone:</b> _____
<b>Cell Phone:</b> _____	<b>Website:</b> _____

**\*\*By initialing here you agree to abide by the Conflict of Interest policy. Under this policy, advisors are prohibited from soliciting for business the client on whose board they serve. The Conflict of Interest policy can be found on the last page of this application. \_\_\_\_\_**

### CURRENT EXPERTISE/PRIMARY EXPERTISE

<b>Primary Responsibilities:</b>		
<b>Current Industry:</b>		
<b>Primary Products and Services:</b>		
<b>Do you have board experience? (not required)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, where?	
<b>Are you fluent in another language?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what ones?	
<b>How did you hear about the Advisory Board Council?</b>		

### SECONDARY EXPERTISE

<b>What other areas of expertise do you have?</b>	
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**In what other industries do you have experience?**

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

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### PERSONAL CERTIFICATIONS

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Certification	Issuing Organization	Date Received

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### EDUCATION

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College, University or School	Major/Degree	Year Attended

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### PROFESSIONAL MEMBERSHIPS

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Membership Role	Organization	Dates

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### AVAILABILITY AND COMMUNICATION

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**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

**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.)

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### ADDITIONAL COMMENTS

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Expand on your expertise and strengths in supporting growth businesses.

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## SUBMIT YOUR RESUME

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EMAIL or FAX a bio, resume or CV to:

Program Manager  
Advisory Board Council  
FAX: (407) 420-4862

3201 E. Colonial Drive, Suite A-20  
Orlando, FL 32803  
EMAIL: manager@advisoryboardcouncil.com

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## AGREEMENT & SIGNATURE

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My signature acknowledges that I am offering to assist businesses in the capacity of an unpaid advisor for a term of 18 months, 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. I agree not to solicit for business any client whose board I serve on. 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.

**CONFLICT OF INTEREST/SOLICITATION:** No volunteer of the Florida Small Business Development Center Network: (1) shall solicit or accept, or appear to solicit or accept, any gift, or loan, reward promise of future employment, favor or service from any former or current client; (2) shall solicit, or accept, or give the appearance thereof, any compensation or other monetary remuneration for counseling related services provided a client while acting as an agent of the Florida Small Business Development Center Network; (3) shall recommend to a client the purchase of goods and/or services from a firm which the agent has a material or financial interest; (4) shall accept fees, commission, gifts or other favor from third parties who have supplied goods and/or services to the Small Business Development Center Network clients; (5) shall solicit the private engagement of his or her services by a client at any time during the term of the client's relationship with the Small Business Development Center.

**Print Name** \_\_\_\_\_ **Title** \_\_\_\_\_

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