



CONSENT TO SERVE WOMEN'S COUNCIL OF OSCEOLA COUNTY NETWORK

Term of Office for both elected and appointed positions

I agree to serve as a Governing Board member of the Women's Council of REALTORS® Osceola County Network for (2025), and I acknowledge and accept my fiduciary obligation to act in the best interests of the Council as follows:

Duty of Care: I will use the care that a reasonably prudent person would exercise in a like position and under similar circumstances. This means that I agree to attend meetings, ask questions to gain the information I reasonably need to make a decision and exercise independent judgment.

Duty of Loyalty: I will advance the best interests and well-being of the Council over any individual or local or state interests, and I will refrain from using my position of trust to further my own interests in a way that conflicts with the interests of the Council.

Duty of Obedience: I will accept support and implement Governing Board decisions, even if I voted against them. I will follow the Council Bylaws and comply with all state and federal laws relating to the Council's activities.

Duty of Confidentiality: I will not discuss matters deemed confidential by the committee in which I am serving outside of meetings without the express advance permission of the Council President.

Duty of Diversity, Equity, and Inclusion: I will be mindful that I am representing the intentional culture of Women's Council to create a neutral, welcoming and inclusive environment for all.

Additionally, I will not speak or act for the Network unless specifically authorized to do so. I will not present opinions about Council business unless those opinions are clearly expressed as personal opinions not necessarily the views of the Council.

Attendance Policy: Whether elected or appointed, I agree that I am expected to attend all of the regular scheduled meetings in full each year of my term (whether in person or virtual). Excused absences are only permitted under special circumstances, and I will seek pre-approval by the President in advance. If more than one unexcused absence occurs, then I understand that the President may replace my appointment and term with an appointed substitute who is able and willing to serve.

Name: _____ Date: _____