

<b>BASIC/Blanchard Community Center</b>	<b>Board of Directors Volunteers</b>
<b>Position:</b> Event Chairperson	Original Date: 8/'22    Revised: 6/'23

Being a BASIC/Blanchard Community Center Event Chairperson is a volunteer position that commits time, talent, and service. Every volunteer has a duty to act in the best interest of the association as a whole. You should exercise sound business judgment, respect the confidentiality of board deliberations and decisions, and avoid real and perceived conflicts of interest. Regardless of the task you're performing as an Event Chairperson—you execute your responsibility in good faith, with good judgment, without conflict, and by always putting the association's interest above your own.

### Expectations and Responsibilities

1. The Event Chairperson will exercise careful, and independent judgment based on what is happening at the Board meetings, in the local community, and on behalf of the BASIC/Blanchard Community Center
  2. The Event Chairperson will discuss board business only at board meetings, not at ad-hoc meetings. The board speaks with one voice; if there's a board decision you disagree with, once it's made, support it.
  3. The Event Chairperson will be a Community Center member, in good standing with all dues paid, and always exhibit professional behavior. Furthermore, Event Chairperson will treat all constituents with respect and decency.
  4. **Prior to the Event:**
    - Recruit working committee
    - Set time line for the event
    - Present a projected budget to the Board for approval 60-90 days prior to the event. (Budget worksheet is attached)
    - Obtain Pre-Approval for anticipated expenses. Use the Expense Reimbursement Form attached to this position description.
    - Advertise for the event through social media, posted flyers, etc.
  5. **Day of the Event:**
    - Set up facility
    - Collect any money that is required
    - Assure the logistics of event is clear to all concerned
    - Take down facility: i.e. Leave the facility better than you found it
  6. **Post Activities (within a week of the event)**
    - Turn in money received
    - Finalize budget and reconcile expenses on the Expense Reimbursement Form attached to this position description.
    - Submit to the Board and/or President of the Board a written report of what went well, what could have been better, how many lives did the event touch, and the perceived success within the Community.
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## EVENT-BUDGET WORKSHEET

<b>Event Name:</b>	<b>Time:</b>
<b>Date:</b>	<b>Est. of Attendance/Fee</b>

EXPENSES	ESTIMATED	ACTUAL	DIFFERENCE
<b>FOOD **</b>			
<b>LABOR</b>			
<b>SUPPLIES,</b>			
<b>ENTERTAINMENT</b>			
<b>ADVERTISING,</b>			
<b>OTHER</b>			
<b>SUBTOTAL</b>			
<b>OPERATIONAL CHARGE *</b>			
<b>TOTAL</b>			
*Divide total expense by estimated number of attendees to determine minimum attendee fee.			

INCOME	ESTIMATED	ACTUAL	DIFFERENCE
<b>Admission/Attendee Fees ( )</b>			
<b>Donations ( )</b>			
<b>Raffle/Auction</b>			
<b>Food Sales</b>			
<b>Other: i.e. DONATED SUPPLIES AND FOOD</b>			
<b>Total</b>			
PROFIT/LOSS SUMMARY	ESTIMATED	ACTUAL	DIFFERENCE
<b>Total Income</b>			
<b>Total Expenses</b>			
<b>Total Profit (or Loss)</b>			
<b>BCC Program for Posting</b>			

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Signature of Event Chairperson/ Date

# BASIC/BLANCHARD COMMUNITY CENTER EXPENSE REIMBURSEMENT REQUEST

*Note: Whether you intend to ask for reimbursement or just donate the goods, please help us budget and plan for our expenses by submitting this request. We will not know how to plan for future costs if we don't know what is needed and/or necessary.*

Submitter's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City, Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Committee or Project: \_\_\_\_\_ Pre- Authorized by: \_\_\_\_\_

*Instructions: This form is for an individual's reimbursement or donation acknowledgement. Please make sure that your reimbursement request is a pre-approved expense on behalf of a BASIC Board Member. Unauthorized or unanticipated requests may not be honored for reimbursement. An original receipt (or copy of) for each expense must accompany this form. You may tape multiple receipts on an attached sheet if necessary. If you donated items, please list the retail value. If you have received a cash advance, return any unspent cash with this form.*

Return to: **BASIC Treasurer P. O. Box 127, Blanchard, Id. 83804 or leave in the outside lock box at the Center.**

Date	Vendor & Receipt	Item	Amt. to be Reimbursed	Donated Amount
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
		<b>TOTALS:</b>	\$	\$

Amount Advanced if applicable: \$ \_\_\_\_\_ Cash to be returned: \$ \_\_\_\_\_

Amount Requested for Reimbursement: \$ \_\_\_\_\_ Amount to be donated: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

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