



# 2024 Candidate Application for the TPSS Co-op Board of Representatives

## Instructions

Thank you for your interest in running for a seat at the TPSS Co-op Board of Representatives. If you have any questions about the application process, please feel free to contact the board at [board@tpss.coop](mailto:board@tpss.coop).

## Board Qualifications

You must be a member-owner of the Co-op in good standing and not associated with interests adverse to the Co-op. This includes, but is not limited to, any conflict of interest resulting from an affiliation with any enterprise that is in competition with the Co-op. Co-op employees who are member-owners are eligible to run. If elected, a Co-op employee will be representing the membership at large, not the staff of the Co-op.

## Application Process and Requirements

1. Complete this Candidate Application and send it, along with a digital photo and the attached Conflict of Interest Disclosure Form to [boardelections@tpss.coop](mailto:boardelections@tpss.coop). Alternatively, you may submit a paper application to the manager on duty at the store. Application materials or photos may not be changed once submitted, and all candidates' applications are subject to verification.

All submissions are due by **9:00 pm on October 15, 2024**.

2. Attend one Board Meeting (August 15th, September 19th, or October 17th) You may attend in person at Historic Takoma or via zoom. Meetings begin at 6:30pm. If you are not able to attend one of these meetings, you will be asked to separately meet with a sitting member of the Board.
3. All candidates meeting the qualifications and requirements of the application process will be asked to attend the Fall Member Meeting. During the "Meet the Candidates" segment of the meeting you will have time to make a short statement and answer questions from other member-owners.
4. Voting will run from late October through mid November and election results will be announced following the November board meeting.

### Candidate Information and Affirmations

|                |            |
|----------------|------------|
| Name           | Member #   |
| Address        |            |
| City/State/ZIP | Phone      |
| E-mail         | Cell Phone |

I affirm that I am qualified to be a candidate for the TPSS Co-op Board of Representatives.

I affirm that I will fulfill my obligations diligently, loyally, and prudently. If elected, I pledge to sign the required confidentiality agreement.

I agree that TPSS Co-op may verify my qualifications to be a candidate for the Board of Representatives, including verification of TPSS Co-op member status and any TPSS employment status.

I agree that TPSS Co-op may use my Candidate Application and photograph for election purposes.

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Signature

## Candidate Questions

1. Why are you interested in serving on the Board?
2. Tell us about yourself, including any volunteer or professional experiences that might be relevant to board service. If you have any experience with oversight of an organization's budget or financial performance, please include that information here.
3. Why is the TPSS Co-op important to you?
4. What is your favorite [cooperative principle](#) and why?

5. Why are diversity and equity important to you, and how do these principles show up in your life?

6. Please check the following areas in which you have experience or interest in developing experience:

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Group process and/or group decision-making                                  |
| <input type="checkbox"/> | Meeting facilitation  |
| <input type="checkbox"/> | Public speaking   |
| <input type="checkbox"/> | Writing newsletter articles   |
| <input type="checkbox"/> | Strategic planning  |
| <input type="checkbox"/> | Accounting and/or finance   |
| <input type="checkbox"/> | Project management  |
| <input type="checkbox"/> | Online file sharing and calendars (Google) or website editing or management |
| <input type="checkbox"/> | Volunteer programs  |
| <input type="checkbox"/> | Past and/or present participation on a board of directors                   |
| <input type="checkbox"/> | Retail and/or Other Business experience                                     |
| <input type="checkbox"/> | Legal training and/or experience  |
| <input type="checkbox"/> | Equity, belonging, inclusivity and accessibility                            |
| <input type="checkbox"/> | Other   |

**Code of Ethics Acknowledgement and Conflict of Interest Disclosure Form  
Prospective Members of the TPSS Co-op Board of Representatives**

Please answer the following questions to the best of your knowledge and provide explanations as necessary. A glossary of key terms is attached for your reference.

*Note: Each **annual** cycle represents a new disclosure period; therefore, even if you disclosed a specific activity in a previous period, if it still applies, you should disclose that activity again in the current form.*

**A. Direct Business Relationships with the Co-op:**

Do you or a family member have or seek to have a direct business relationship with the Co-op?

\_\_\_\_\_ No

\_\_\_\_\_ Yes (Provide explanation in designated space below.)

**B. Indirect Business Relationships with the Co-op:**

Do you or a family member have any of the following relationships:

- i. Serve as a board member or otherwise volunteer for an organization that does business, or seeks to do business, with the Co-op?
- ii. Work as an employee or consultant for an organization that does business, or seeks to do business with the Co-op?
- iii. Have a material financial or ownership interest in an organization that does business, or seeks to do business, with the Co-op?

*Note: If you need help answering this question, the GM can provide you with a list of the Co-op's key providers and vendors. Because the GM's list may not be all-inclusive, if you are aware of another organization, either for-profit or non-profit, for which this question applies, please provide that information as well.*

\_\_\_\_\_ No

\_\_\_\_\_ Yes (Provide explanation in designated space below.)

**C. Opposing/Competing Relationships with the Co-op:**

Do you have a relationship with an organization that competes with, or has an otherwise adverse relationship, with the Co-op?

*Examples would be if you serve as a board member, volunteer or work for, or have a material financial or ownership interest in an organization whose public policy positions generally are at odds with those of the Co-op, as well as organizations that potentially compete with the Co-op.*

\_\_\_\_\_ No

\_\_\_\_\_ Yes (Provide explanation in designated space below.)

**D. “Dual Loyalties” Relationships:**

Do you have a relationship with an organization that is similar to the Co-op?

*Examples would be if you serve as a board member, volunteer or work for, or have a material financial or ownership interest in an organization that has a similar mission to the Co-op or serves similar consumers.*

\_\_\_\_\_ No

\_\_\_\_\_ Yes (Provide explanation in designated space below.)

**E. Interpersonal Relationships:**

Do you have any family or business relationship(s) with any other Co-op board member employee (current employee or anticipated new hire)?

\_\_\_\_\_ No

\_\_\_\_\_ Yes (Provide explanation in designated space below.)

**F. Other:**

Are you involved in any other activities, interests, or relationships that are not covered in the above questions that could be perceived as a conflict of interest with the Co-op?

*When determining if something should be disclosed, keep in mind situations that could impact the Co-op's reputation. Ask yourself: How would you feel if it were on the front page of the newspaper? How would it be perceived by an outsider?*

\_\_\_\_\_ None

\_\_\_\_\_ Yes (Provide explanation in designated space below.)

***Explanations:***

If you answered "Yes" to any of the questions above, please provide an explanation here to sufficiently describe the situation.

**I certify that I have read, I understand, and I agree to comply with the Code of Ethics for Members of the TPSS Board of Representatives. I also certify that the above information is complete and accurate to the best of my knowledge.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Code of Ethics Acknowledgement and  
Conflict of Interest Disclosure Form  
Glossary**

**Direct Business Relationship:** *Includes contracts for the performance of services, e.g., consulting services, or contracts of sale, lease, and license as well as loans, grants or other financial assistance.*

**Family Member:** *A family member is defined as your spouse or domestic partner; parents; grandparents; great-grandparents; siblings; children; grandchildren; great-grandchildren; and spouses of siblings, children, grandchildren, and great-grandchildren. (This includes step-family members), or someone with whom you have a significant relationship.*

**Material Financial or Ownership Interest:** *ownership or investment interest (representing more than 1%) in a business entity that does or seeks to do business with the Co-op.*

**Mitigation Plan:** *are actions that outline your responsibilities so that your conflict of interest, real or perceived, does not impact your ability to make objective business decisions or negatively impact the Co-op.*

**Significant Relationship:** *family who are your and/or your spouse's/domestic partner's parents, siblings & their spouses and/or domestic partners and children (natural, adopted or foster) and those with whom there is a professional, economic, dependent, romantic or close personal relationship.*