



Domestic Violence and Sexual Assault Council Board Application

NAME: _____

TELEPHONE: home _____ work _____ cell _____

OCCUPATION/BUSINESS PROFESSION _____

EMPLOYER: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

Educational background, areas of specialized training, expertise, experience:

PRESENT MEMBERSHIP ON OTHER NON-PROFIT BOARDS OF DIRECTORS:

NONE

Organization name: _____

Date term began: _____ Term Expires: _____

Office held and number of years:

PARTICIPATION IN OTHER CIVIC ACTIVITIES: Please list civic activities and affiliations such as church membership, service organizations and any offices held or special responsibility in the activity listed.

Activity or Group

Title/Project

Years

Why are you interested in serving on our DVSAC Board of Directors?

How do you feel you could serve or help the agency as a Board Member?

Each Board Member serves on one or two committees. Which committees are you interested in? Please indicate your first, second and third choice.

- Finance Fundraising By-Laws
 Media Faith Based Criminal Justice

In addition, each Board Member is expected to participate in the agency's fundraising efforts. How can you help? (Check all that apply.)

- Volunteer time working at specific fundraising events
 Coordinate planning and implementation of fundraising projects
 Participate on one of the above committees
 Pay your dues annually
 Support all DVSAC activities
 Solicit donations from, civic organization and businesses

Other comments you wish to make:

How did you learn about this Board position?

Please indicate if any of the following position conflicts of interest may apply to you:

I transact sales or purchases with this organization

I deliver similar services to this organization

I deliver services that could require competing with this organization for funding

I am a family member of a current employee of this organization, or of someone who transacts sales or purchases with this organization

I am an attorney who represents perpetrators as respondents in Orders of Protection or as defendants in criminal court in domestic violence related charges

Signature: _____ **Date:** _____