

Board of Directors Application

WELCOME

Thank you for showing interest in helping Victim Assistance Program achieve its mission of empowering our community to restore lives impacted by crisis, violence, and tragedy. This application is one of four steps needed to become a board member which holds a term of three years.

After emailing the completed application to info@victimassistanceprogram.org, which will be received by our CEO, you will be invited to meet with the CEO and a member of our Board's Executive Committee. During this meeting, we will talk about your interest in joining the board as well as the expectations we have for our members. The CEO and Board Officer will share their insights with the Governance Committee who will then assess whether you hold skills/interest which our board requires to fulfill our mission. Your application will be distributed to the full board who will vote to accept or deny the Governance Committee's recommendation. If you have any questions, please don't hesitate to email our CEO at Info@victimassistanceprogram.org. Thanks again for applying, we look forward to meeting you.

APPLICANT INFORMATION

First Name:		Last Name:		Date:	
Street Address:				Apartment/Unit #:	
City:		State:		ZIP:	
Phone:		E-mail:			

EMPLOYEE INFORMATION

Company:		Website:			
Type of Business:		Title:			
City:		State:		ZIP:	
Phone:		Email:			
Does your employer match employee contributions?		YES		NO	
Does your employer sponsor events?		YES		NO	

EDUCATION

College:			City, State:		
From:	To:	Did you graduate?	YES	NO	Degree:
Other:			City, State:		
From:	To:	Did you graduate?	YES	NO	Degree:

COMMUNITY RELATIONS

Are you, or will you be running for public office?		YES		NO	
Are you currently a public elected official?		YES		NO	
Have you ever been convicted of a crime?		YES		NO	
If yes, what charge(s)?					
Preferred method of communication:		HOME		WORK	
How long do you anticipate being a board member?					

BOARD INVOLVEMENT (*nonprofits, businesses*)

Organization:		Position(s) Held:
Time Frame:	From: To:	
Organization:		Position(s) Held:
Time Frame:	From: To:	
Organization:		Position(s) Held:
Time Frame:	From: To:	

CIVIC INVOLVEMENT (*Kiwanis, Rotary, Leadership Akron, Boy Scouts, FOP, PTA*)

Organization:		Position(s) Held:
Time Frame:	From: To:	
Organization:		Position(s) Held:
Time Frame:	From: To:	
Organization:		Position(s) Held:
Time Frame:	From: To:	

SKILLS / QUALIFICATION / INTERESTS

Finance:	Budgets	Cash Flow Projection	Trust Funds	Financial Policies
Governance:	Policies	Recruiting New Members	Compliance	Roberts Rules
Advancement:	Grant Writing	Fundraising	Marketing	Event Planning
Operations:	Program Policies	Strategic Planning	Hiring/Firing Practices	Employee benefits
Technology:	Computer Security	Learning Management Systems	Computer Hardware	Computer Software

PLEASE SHARE WHY VAP WOULD BENEFIT FROM YOUR INVOLVEMENT ON THE BOARD

--

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to a board membership, I understand that false or misleading information in my application may result in discharge.

Signature:

Date: