



Application for Board Member

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Length of Residence in Listed City: _____ Occupation: _____

Telephone: _____ Alt. Telephone: _____

Email Address: _____

Educational Background:

School/College Attended	Dates Attended	Area of Study	Degree Earned (i.e. Diploma, B.A.)

Experience:

Please list any volunteer and/or life experience that you have that will contribute to your role as a board member:

Have you ever been involved with a sexual assault or domestic violence program? If so, in what capacity?

Have you ever been involved with a non profit agency before? If so, in what capacity?

Availability:

Will you be able to attend Board meetings on a monthly basis?	Yes	No
Will your schedule allow you to attend occasional unexpected Board meetings?	Yes	No
Will you be able to attend mandatory board trainings?	Yes	No
Will you be able to have participation in agency fundraisers?	Yes	No
What commitments (work, volunteer, family, etc.) might interfere with your role as a Board Member?		

Area(s) of Interest (Mark all that Apply):

- Administration Committee
- Executive Committee
- Facilities Committee
- Resale/Fundraising Committee

Personal Viewpoints

Why do you want to serve as a Board member for SAAFE House?

What is your definition of sexual assault?

What is your definition of domestic violence?

What do you feel are the prevailing societal attitudes regarding victims of family violence and sexual assault?

What are your personal attitudes towards victims of family violence and sexual assault?

Criminal History

Have you ever been convicted of a law violation (other than routine traffic violations)? Yes No

If yes, please explain:

Are you currently on deferred adjudication, probation, or under supervision of a court? Yes No

If yes, please explain:

I understand that Board members are required to maintain confidentiality at all times during and after their Board assignments. I understand that misrepresentation of information provided through this application is cause for termination of my volunteer services.

By signing below, I attest that all questions have been answered accurately and truthfully. I authorize SAAFE House to conduct a criminal background check and consent to the investigation of all statements made in this application.

Signature: _____

Date: _____