

**Domestic Violence and Sexual Assault Coalition
Board of Directors Application**

Thank you for considering the position of Board Member. Members are selected because of their demonstrated concern for their community and the issues of domestic violence and sexual assault, and their ability to carry out the responsibilities of the Board in good faith. We ask that you complete this application so we may best match your talent, skills, experience, and personal interests with the needs of the agency. Board member applications are reviewed on an annual basis, or as necessary to fill vacancies.

Name: _____

Street Address: _____

Mailing Address: _____

Phone: _____ (home) _____ (work) _____ (other)

Email: _____

Employer: _____

Your Title/Position/Occupation: _____

Type of Business: _____

Primary Service and Population Served: _____

Preferred Method of Contact (circle best one): Home Work Cell E-mail

1. How did you hear about the Domestic Violence and Sexual Assault Coalition?

2. Are you a professional in the social service field? If so, please explain:

3. Do you have any specialized education/training or other experience in the area of domestic violence and sexual assault?

4. Skills, Experience, and Interests:
(please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Finance, Accounting | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Personnel, Human Resources | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Administration, Management | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Outreach, Advocacy |
| <input type="checkbox"/> Policy Development | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Program Evaluation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Public Relations, Communications | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Education, Instruction | |

5. Please list boards and committees that you serve or have served on:

Organization	Role/Title	Dates of Service

6. Are you willing to attend trainings to increase your knowledge of domestic violence and sexual assault issues?

- Yes No

7. How do you feel the Domestic Violence and Sexual Assault Coalition would benefit from your involvement with the Board?

8. Currently, the Board of Directors meet the 3rd Tuesday of every month at 4:30 pm. In addition to attending these board meetings, you will be asked to serve on a sub-committee with meetings scheduled according to need. How long of a commitment could you realistically make to this service? _____

Please list three references (other than relatives):

1. Name: _____ Phone: _____
Occupation: _____
Years Acquainted: _____ Relationship: _____

2. Name: _____ Phone: _____
Occupation: _____
Years Acquainted: _____ Relationship: _____

3. Name: _____ Phone: _____
Occupation: _____
Years Acquainted: _____ Relationship: _____

Please feel free to attach a resume.

In making this application, I give permission to the Domestic Violence and Sexual Assault Coalition to contact the persons named as references to ascertain my suitability as a board member.

Applicant Signature

Date

Please return application to:
DVSAC
Attn: Board of Directors
PO Box 484, Grass Valley, CA 95945