



Rape & Abuse Crisis Service

Board of Directors Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Occupation: _____ Employer: _____

Type of business or organization: _____

Primary service(s) and area/population served: _____

Board Experience

Please list boards and/or committees that you currently serve on or, have served on in the past (business, civic, community, fraternal, political, professional, recreational, religious, and/or social)

Organization	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

Honors, Awards or other recognition

Skills, Experience, and Interests (Indicate all that apply)

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

Culture

What are your core values? How would you impact RACS leading with those values?

Character

Have you ever worked for this organization? YES NO If yes, when? _____

If yes, in what role? _____

Have you ever been convicted of a crime? YES NO If yes, when? _____

If yes, please describe: _____

Have you ever been investigated for child abuse or neglect? YES NO If yes, when? _____

If yes, please describe: _____

If appointed, will you be able to commit to all Board, Committee and other meetings as required as well as commit to all organization events as requested? YES NO

Please provide an example of a project that required your judgement or professional experience to complete applicable to your contribution to RACS

References (Please Provide three)

Name	Telephone Number	Email address	Relationship to you

For Board Use Only

Nominee
 Referred by: _____ Relation to Nominee: _____

Nominee was mailed application packet?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date: _____
--	---------------------------------	--------------------------------	-------------

Nomination packet was reviewed by the Nominating Committee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date: _____
---	---------------------------------	--------------------------------	-------------

Nominee was interviewed by the Board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date: _____
---------------------------------------	---------------------------------	--------------------------------	-------------

Board Action Taken

Nominee was appointed to the Board?	<input type="checkbox"/>	Date: _____
-------------------------------------	--------------------------	-------------

Nominee was <u>not</u> appointed to the Board?	<input type="checkbox"/>	Date: _____
--	--------------------------	-------------

Board Comments:
