



Board of Directors Volunteer Application

718 J Clyde Morris Boulevard, Suite B
Newport News, VA 23601

Office Phone#: (757) 236-5260
Hotline#: (757) 599-9844

Name: _____

Date of Birth: _____ Social Security #: ____ - ____ - ____

Home Address: _____

City/State/Zip: _____

Home Phone #: _____ Work Phone #: _____

Email Address: _____ Please check preference for notifications (*if both; select both*)

Work: _____ Personal: _____

Company: _____

Business Address: _____

Experience:

1. Please state why you are interested in becoming a Center for Sexual Assault Survivor Board Member.

2. Please list past and present charitable or community activities with which you have been affiliated.

3. Please indicate any other boards on which you have served: list the organization; years of service and positions held.

4. What skills, education or life experiences do you have that you believe would help you serve effectively as a Center for Sexual Assault Survivors Board Member?

5. Please indicate in order of preference the committees you are interested in supporting or championing.

Audit and Finance: _____ Board Development: _____ Fundraising: _____
Personnel Management: _____ Other: _____

Availability:

1. *Can you attend board meetings on the third Wednesday of every month at 6:00 p.m.? Yes No
2. Are you willing to serve on a committee that might require at least 6-10 meetings per year? Yes No
3. Are you willing to raise at least \$200.00 by your donation, soliciting donations from companies and private donors annually in support of the agency? Yes No
4. Are you willing to participate in fund raising activities sponsored by the board? Yes No

***Note:** Board Meetings on occasion may be held via teleconference or WebEx.
Meeting times may be adjusted as needed.

5. The information I have provided in this application is true and complete to the best of my knowledge. I agree to serve as a volunteer for The Center for Sexual Assault Survivors and to function within the boundaries of established by-laws and assigned responsibilities. I give permission for the Executive Director to secure a criminal background check on me as well as check the national Sex Offender Registry in regards to my eligibility to serve as a board member.

****Note:**

1. Please be advised that if you have been a prior client of The Center for Sexual Assault Survivors, you are automatically disqualified from becoming a board member.
2. A positive finding on the criminal background check or the National Sex Offender Registry is an automatic disqualifier.

Signature: _____ Date: _____

Thank you for completing this application.