



Providing Shelter, Support and Advocacy to Survivors of Domestic Violence and Sexual Assault

APPLICATION FOR BOARD OF DIRECTORS

The Board of Directors meet the 2nd Monday of every month
Please complete application and return to:
SAFE, P.O. Box 402, Culpeper, VA 22701

Date: ____ / ____ / _____

Recruited by: _____

Full Name: _____

Employer: _____ Title/Position: _____

Work Address: _____

City: _____ State: _____ Zip code: _____

Work phone: _____ Work fax: _____

Work email: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____

Home email: _____

Check all skills that you bring to the Board. Also, please list all education and professional training below (*Check all that apply*):

- | | |
|---|--|
| <input type="checkbox"/> Domestic violence/sexual assault | <input type="checkbox"/> Counseling/facilitation |
| <input type="checkbox"/> Financial/fiscal planning | <input type="checkbox"/> Program planning/development |
| <input type="checkbox"/> Law (describe type of practice) | <input type="checkbox"/> Property management |
| <input type="checkbox"/> Public Relations/marketing/media | <input type="checkbox"/> Organizational development |
| <input type="checkbox"/> Fund development | <input type="checkbox"/> Other: <i>please list below</i> |



1) How would you describe your interest in and/or involvement with SAFE?

2) Please list your most recent (*within the last 5 years*) and/or any leadership positions held in non-profit organization boards, civic or community service groups, family or sexual violence groups, and/or professional organization.

3) SAFE's mission is committed to ending domestic and sexual violence and its negative impact in our community by providing shelter, support and advocacy, and education to women, men, and children. Please comment on your familiarity with domestic/sexual violence issues and experiences with people from diverse backgrounds.

4) A responsibility of each board member is to assist in raising funds from the community. Please describe your degree of willingness, availability and ability to do this:

5) Please list groups, businesses, and/or individuals you would share the agency's mission with, including foundations, corporations, philanthropists, other funding sources, civic organizations, local media, etc.



6) Please list any other general comments you would like to share with the Board as your application for membership is considered.

References *(Please provide Professional and/or Personal)*

Name: _____

Address: _____

Phone: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____

Relationship: _____

I hereby give my permission to SAFE' Board of Directors or Agency Director to contact my references listed above.

Signature: _____

Date: _____