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

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**APPLICATION FOR BOARD OF DIRECTORS**

*The Board of Directors meet the 1st Wednesday of every month* Please complete application and return to: SAFE, P.O. Box 402, Culpeper, VA 22701 or email to [director@safejourneys.org](mailto:director@safejourneys.org)

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*):

- Domestic violence/sexual assault
- Financial/fiscal planning
- Law (describe type of practice)
- Public Relations/marketing/media
- Fund development

- Counseling/facilitation
- Program planning/development
- Property management
- Organizational development
- Other: *please list below*

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

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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.

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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.

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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:

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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.

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

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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: \_\_\_\_\_