



150 Furnace Street
Akron | OH | 44304
330.376.0040

www.victimassistanceprogram.org

**Board of Directors
Application**

Name: []	Date: []
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Address: [] []	City: []	State: []	Zip: []
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Preferred Phone: []	E-mail: []
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Referred by: []	Preferred method of contact <input type="checkbox"/> Work <input type="checkbox"/> Residence
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Employer Name: []	Title: []
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Address: [] []	City: []	State: []	Zip: []
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Phone: []	E-mail: []
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Type of Business: []


Please list boards and committees that you serve on, or have served on, including business, civic, community, political, professional, recreational, religious, and social).

Organization	Role/Title	Dates of Service
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]

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"/> Nonprofit experience | <input type="checkbox"/> Outreach, advocacy |
| <input type="checkbox"/> Community service | <input type="checkbox"/> Other:  |
| <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"/> Education, instruction | |

Education/Training/Certificates



Optional – Have you received any awards or honors that you’d like to mention?



How do you feel Victim Assistance Program would benefit from your involvement on the board of directors?



Please tell us anything else you’d like to share.

