



**APPLICATION FOR APPOINTMENT TO THE BOARD OF DIRECTORS
MINNESOTA COALITION AGAINST SEXUAL ASSAULT**

Name: _____ Home Phone: _____

Occupation: _____ Work Phone: _____

Address: _____

E-mail (preferably one publishable to our members): _____

Sexual Assault Program with which you are affiliated, if applicable: _____

Your Background:

What strengths and/or skills could you contribute to our board (please check all that apply)

- | | |
|----------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Accounting/Financial | <input type="checkbox"/> Criminal justice system experience |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Knowledge of services/victimization |
| <input type="checkbox"/> Fund-raising/Grant Writing | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Community & Public Relations | <input type="checkbox"/> Team player |
| <input type="checkbox"/> Working with under served communities | <input type="checkbox"/> Corporate/business experience |
| <input type="checkbox"/> Nonprofit management experience | connections/ |
| <input type="checkbox"/> Women's Issues and Studies | <input type="checkbox"/> Web building |
| <input type="checkbox"/> Planning | <input type="checkbox"/> Other (please explain) |
| <input type="checkbox"/> Lobbying or public policy work | _____ |

Please elaborate briefly on all areas checked above: (use another sheet of paper if necessary)

On what other boards, if any, have you served:

Charitable or community activities in which you have been involved (attach additional sheet if needed. Please include name, dates of term, offices held, and committee work)

YOUR AVAILABILITY TO SERVE

Time commitment can vary significantly based on activities which the Board determines to pursue. Typically, the Board time commitment requires a bimonthly meeting and additional scheduled committee meetings. Total commitment averages 5 – 10 hours per month.

Could you regularly attend monthly meetings (Board and/or committee) and commit to the estimate as described above?

- YES
 NO

Standing Time Conflicts: _____

Would you attend a 2-3 hour training session for new board members?

- YES
 NO

Will you be able to give a two year commitment to the Board of Directors?

- YES
 NO

Describe your work or working relationship with a sexual assault program.

Describe experiences you have had which would add to your being an MNCASA board member.

YOUR VIEWS ON OUR ORGANIZATION (Attach additional sheet if needed)

What is your interest in joining the MNCASA Board at this time?

How can your participation on the MNCASA Board further anti-sexual violence work in Minnesota and the nation?

MNCASA strongly supports representation on the Board of Directors that reflects the diversity of Minnesota. Please let us know how your participation on the Board of Directors will add to the diversity of this body.

REFERENCES (list names, addresses and phone numbers):

I verify that the above information is true.

Signature

Date

Return this form to: MNCASA Board Chair, 161 St. Anthony Avenue, St. Paul, MN 55103
Phone: 651.209.9993 Fax: 651.209.0899 Email: info@mncasa.org