

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

If applicable, please provide the name of the sexual assault program with which you are affiliated:

Describe your affiliation with the sexual assault program :

## Background

Please indicate areas below you have expertise or skills (*please check all that apply*):

- |  |   |
|--|---|
| <input type="checkbox"/> Accounting/Financial Management                         | <input type="checkbox"/> Government Leadership/Public Office                |
| <input type="checkbox"/> Administration/Management                               | <input type="checkbox"/> Human Resources                                    |
| <input type="checkbox"/> Board of Directors' Experience                          | <input type="checkbox"/> Law Enforcement/Corrections                        |
| <input type="checkbox"/> Communications/Public Relations/Media                   | <input type="checkbox"/> Lawyer   |
| <input type="checkbox"/> Criminal Justice System                                 | <input type="checkbox"/> Lobbying or Public Policy Work                     |
| <input type="checkbox"/> Education   | <input type="checkbox"/> Marketing/Advertising                              |
| <input type="checkbox"/> Entrepreneurship/Business Development                   | <input type="checkbox"/> Military   |
| <input type="checkbox"/> Faith Community   | <input type="checkbox"/> National leadership in Domestic or Sexual Violence |
| <input type="checkbox"/> Fund Development, Planned Giving, and Donor Development | <input type="checkbox"/> Nonprofit Leadership                               |
| <input type="checkbox"/> Fundraising/Special Events                              | <input type="checkbox"/> Social Justice                                     |
| <input type="checkbox"/> Gender Studies  | <input type="checkbox"/> Victim or Social Services Provision                |
|  | <input type="checkbox"/> Others (please list)                               |

Please briefly elaborate on the expertise and skills you checked on the previous page (*use separate sheet of paper if necessary*):

**Business and Community Involvement**

Please list any organization affiliations or memberships:

List boards you have served on and positions held:

List any charitable or community activities you have been involved in. Please include name, dates, offices held, and committee work (*use separate sheet of paper if necessary*):

**MNCASA**

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

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

MNCASA is committed to representation on the Board of Directors that reflects the diversity of Minnesota. How does your participation on the Board add to the diversity of this body?

**Availability to Serve**

Time commitment can vary significantly based on which activities the Board chooses to pursue. MNCASA Board responsibilities require monthly meetings for each board committee and bimonthly Board meetings. Total commitment averages 2-6 hours per month.

Board appointment would require a 2-3 hour orientation for new members. Will you commit to participating in the orientation within 30 days of appointment or election?

Yes

No

Could you regularly attend bimonthly Board meetings?

- Yes
- No

Standing Time Conflicts:

Board membership requires participation on one committee. It should be noted that Board Members elected or appointed to a Board officer position are required to serve on the Executive Committee in addition to one other committee. MNCASA Board Committees typically meet each month by phone. Meetings are an hour long. Could you regularly participate in these conference calls?

- Yes
- No

Board Committees and descriptions are listed below. Please check which committees you would be interested in joining.

**Finance Committee:**

The Finance Committee ensures that MNCASA's financial procedures and statements are evaluated to determine that adequate fiscal controls and procedures are in place and that the organization is in good financial health. The Finance Committee is responsible for developing and reviewing fiscal controls and procedures, a fundraising plan, and annual budget with staff, accountant and other Board members.

**Board Development Committee:**

The Board Development Committee is responsible for nominating a slate of Board candidates each year and for Board training and development.

**Personnel Committee:**

The Personnel Committee is responsible for developing personnel policies. To the best of their ability, the Committee, with the Executive Director, will stay aware of personnel trends and legal requirements and incorporate them into MNCASA's personnel policies. The Personnel Committee also operates as the MNCASA grievance committee.

**Fund Development Committee:**

The Fund Development Committee oversees and creates opportunities for fundraising and advises board members regarding an annual fundraising strategy aligned with the board approved development plan. The committee, in partnership with the Executive Director, creates activities and messages that expand the visibility of the organization and works with staff and board to explore donor appreciations, cultivation and stewardship.

Can you provide a minimum two year commitment to MNCASA?

- Yes
- No

Please provide three references that can attest to skills, expertise, or volunteer experience.

**Reference #1 Information**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Employed By: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Reference #2 Information**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Employed By: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Reference #3 Information**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Employed By: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please return this application along with a copy of your resume to:



Minnesota Coalition Against Sexual Assault  
Attn: Board Development Committee Chair  
161 St. Anthony Avenue, Ste. 1001  
St. Paul, MN 55103  
or email to  
boarddevelopment@mncasa.org.

I verify that the above information is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**To Be Completed by Board Development Committee**

Approved  Denied

Received by MNCASA Staff / / Received by Board Development Committee / / Reviewed / /

Meets Current Need Criteria  Yes  No Interview Scheduled  Yes  No

Interviewer: \_\_\_\_\_

Reference Checks Completed  Yes  No Filling Term for \_\_\_\_\_  Yes  No

Included on Slate for 20 \_\_\_\_\_  Yes  No Completed Board Matrix Survey / /

Orientation (*following appointment*) / /