



## Application for Appointment to the Board of Directors

Board Approved 9/26/17

Name: \_\_\_\_\_ Today’s Date: \_\_\_\_\_

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

Personal Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_

**Background:** What education, skills, or talents could you contribute to the KWRCC Board of Directors?

*(check all the apply)*

<input type="checkbox"/>	Accounting	<input type="checkbox"/>	Lobbying	<input type="checkbox"/>	Public Speaking
<input type="checkbox"/>	Community Relations	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	Team Player
<input type="checkbox"/>	Education	<input type="checkbox"/>	Management	<input type="checkbox"/>	Technology
<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Motivation	<input type="checkbox"/>	Other <i>(please explain)</i>
<input type="checkbox"/>	Investing	<input type="checkbox"/>	Planning	<input type="checkbox"/>	
<input type="checkbox"/>	Knowledge of Services	<input type="checkbox"/>	Public Relations	<input type="checkbox"/>	
<input type="checkbox"/>	Affiliations				
<input type="checkbox"/>					
<input type="checkbox"/>					

What other boards have your served? \_\_\_\_\_

What charitable groups, religious groups, or community activities have you been involved in? \_\_\_\_\_

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# KODIAK WOMEN'S RESOURCE AND CRISIS CENTER



- Member of Alaska Network on Domestic Violence and Sexual Assault -

## Ability to Serve:

Can you regularly attend Board meetings?  Yes  No

How many hours per month, in addition to Board meetings, can you serve this organization? \_\_\_\_\_

Can and will you attend a training/orientation session for new Board Members?  Yes  No

## Your Views of KWRCC:

Please write a brief statement of your understanding of the KWRCC Mission. *(use additional sheets if necessary)*

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Please write a short paragraph about yourself, your interests, and why you would like to serve on the KWRCC Board of Directors? *(use additional sheets if necessary)*

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# KODIAK WOMEN'S RESOURCE AND CRISIS CENTER



- Member of Alaska Network on Domestic Violence and Sexual Assault -

## General Questions:

Are you a Member of KWRCC?  Yes  No

Have you ever been convicted of a violent offense, child abuse, or neglect?  Yes  No

If "Yes" please briefly explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The KWRCC Board of Directors meet year-round and each Board Member chairs or participates in one or more Committees. Are you able to meet this kind of time commitment?  Yes  No

## References

Please provide contact information for at least 3 references:

Name:	Address:
Phone:	Email Address:

Name:	Address:
Phone:	Email Address:

Name:	Address:
Phone:	Email Address:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date