



## Board of Directors Application

Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

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

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

Communication numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
(fax) \_\_\_\_\_

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

Employment: \_\_\_\_\_

Educational Background: \_\_\_\_\_

Skills or Training: \_\_\_\_\_

\_\_\_\_\_

Volunteer Experience: (attach additional sheets if necessary)

| Year(s) | Organization | Position/Activity |
|---------|--------------|-------------------|
| _____   | _____        | _____             |
| _____   | _____        | _____             |
| _____   | _____        | _____             |
| _____   | _____        | _____             |
| _____   | _____        | _____             |

Special Awards: \_\_\_\_\_

\_\_\_\_\_

Special Interests: \_\_\_\_\_

\_\_\_\_\_

Able to attend monthly meetings (2<sup>nd</sup> Monday 6:00 pm to completion):

Yes \_\_\_ no \_\_\_

Have you ever been a recipient of services provided by ATV? *(Please note, the answer does not preclude you from board membership)* If the answer is yes, was it more than 4 years ago? Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

Skills/Experience:

- |   |   |
|---|---|
| <input type="checkbox"/> Management                 | <input type="checkbox"/> Committee Leadership |
| <input type="checkbox"/> Organizational Development | <input type="checkbox"/> Planning/Evaluation  |
| <input type="checkbox"/> Policy/Decision Making     | <input type="checkbox"/> Community Contacts   |
| <input type="checkbox"/> Financial Management       | <input type="checkbox"/> Legal                |
| <input type="checkbox"/> Fund Development           | <input type="checkbox"/> Insurance            |
| <input type="checkbox"/> Speaker's Bureau           | <input type="checkbox"/> Parliamentarian      |
| <input type="checkbox"/> Writing/Public Relations   | <input type="checkbox"/> Training             |
| <input type="checkbox"/> Displays/Layout/Design     | <input type="checkbox"/> Legislation          |
| <input type="checkbox"/> Program Development        | Other: _____                                  |
| <input type="checkbox"/> Personnel                  | Other: _____                                  |
| <input type="checkbox"/> Social/Human Services      | Other: _____                                  |

List areas of interest relevant to Alternatives to Violence:

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What do you see as your special contribution to this Board:

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What should the role of the Board be in assisting clients, the agency, and the community around domestic violence and other violent crimes:

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Please send or drop off your application to: Alternatives to Violence, Inc.

541 E. 8<sup>th</sup> St.  
Loveland, Colorado 80537  
(970) 669-5150

If questions or comments please call: