



# Board of Directors Volunteer Application

11838 Rock Landing Drive, Suite 220  
Newport News, VA 23606

Office Phone#: (757) 236-5260  
Hotline#: (757) 599-9844

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

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**Email Address:** \_\_\_\_\_ Please check preference for notifications (*if both; select both*)

Work: \_\_\_\_\_  Personal: \_\_\_\_\_

Company: \_\_\_\_\_

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

**Experience:**

1. Please state why you are interested in becoming a Center for Sexual Assault Survivor Board Member.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please list past and present charitable or community activities with which you have been affiliated.

\_\_\_\_\_  
\_\_\_\_\_

3. Please indicate any other boards on which you have served: list the organization; years of service and positions held.

\_\_\_\_\_  
\_\_\_\_\_

4. What skills, education or life experiences do you have that you believe would help you serve effectively as a Center for Sexual Assault Survivors Board Member?

\_\_\_\_\_  
\_\_\_\_\_

5. Please indicate in order of preference the committees you are interested in supporting or championing.

Audit and Finance: \_\_\_\_\_ Board Development: \_\_\_\_\_ Fundraising: \_\_\_\_\_  
Personnel Management: \_\_\_\_\_ Other: \_\_\_\_\_

**Availability:**

1. \*Can you attend board meetings on the third Wednesday of every month at 6:00 p.m.? Yes  No
2. Are you willing to serve on a committee that might require at least 6-10 meetings per year? Yes  No
3. Are you willing to raise at least \$200.00 by your donation, soliciting donations from companies and private donors annually in support of the agency? Yes  No
4. Are you willing to participate in fund raising activities sponsored by the board? Yes  No

**\*Note:** Board Meetings on occasion may be held via teleconference or WebEx.  
Meeting times may be adjusted as needed.

5. The information I have provided in this application is true and complete to the best of my knowledge. I agree to serve as a volunteer for The Center for Sexual Assault Survivors and to function within the boundaries of established by-laws and assigned responsibilities. I give permission for the Executive Director to secure a criminal background check on me as well as check the national Sex Offender Registry in regards to my eligibility to serve as a board member.

**\*\*Note:** A positive finding on the criminal background check or the National Sex Offender Registry is an automatic disqualifier.

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

**Thank you for completing this application.**