

## Board of Directors Application

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

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Your Background

What education or skills could you contribute to our board? (Please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Community Relations   | <input type="checkbox"/> Lobbying         |
| <input type="checkbox"/> Education             | <input type="checkbox"/> Management       |
| <input type="checkbox"/> Finance               | <input type="checkbox"/> Marketing        |
| <input type="checkbox"/> Fundraising           | <input type="checkbox"/> Planning         |
| <input type="checkbox"/> Human Resources       | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Knowledge of Services | <input type="checkbox"/> Public Speaking  |
| <input type="checkbox"/> Legal                 |   |

Affiliations (list): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other (explain): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Availability to Serve

Could you regularly attend board meetings held on the fourth Monday of each month except July & December?  Yes  No Conflicts: \_\_\_\_\_

How many hours per month, in addition to board meetings, could you serve? \_\_\_\_\_

Which of the following standing committees would you have an interest in?  
 (Board members are expected to serve on one of these committees)

- |  |   |
|--|---|
| <input type="checkbox"/> Board Development | <input type="checkbox"/> Fund Development |
| <input type="checkbox"/> Facility          | <input type="checkbox"/> Fundraising      |
| <input type="checkbox"/> Finance           | <input type="checkbox"/> Personnel        |

Which of the following advisory committees would you have an interest in?

## Board of Directors Application

(Board members may decide to also serve on one of these committees)

- Domestic Violence/Sexual Assault
- Legacy of Caring
- Fund Development

### Your Views On Our Organization

Please write a brief statement explaining why you wish to serve as a member of the Community Crisis Center Board of Directors.

References (List names, addresses and phone numbers)

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

**Return to:** Gretchen S. Vapnar, Executive Director  
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