



**Minnesota Alliance on Crime
Board of Directors Candidate Application**

Date _____

Name _____

Residence

Address _____

Phone _____ Email _____

Employer

Name _____

Your Title _____

Address _____

Phone _____ Email _____

Type of business or organization _____

Primary services and area/population served _____

Preferred method of contact () Work () Residence

Please list boards and committees that you serve on, or have served on (non-profit, civic, community, fraternal, political, professional, recreational)

Organization	Role/Title	Dates of Service

Education/Training

Optional – Have you received any awards or honors that you would like to mention?

How do you feel MAC would benefit from your involvement on the Board?

Skills, experience, and interests (Please circle all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Training |
| <input type="checkbox"/> Personnel/Human Resources | <input type="checkbox"/> Special Event Planning |
| <input type="checkbox"/> Administration/Management | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Nonprofit Governance | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Community Engagement | <input type="checkbox"/> Outreach/Advocacy |
| <input type="checkbox"/> Policy Development | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Program Evaluation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Public Relations/Communications | <input type="checkbox"/> Other _____ |

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of MAC.

Please tell us anything else you would like to share.

Thank you for your interest!

Please return this application to:
Bobbi Holtberg, Executive Director
155 South Wabasha Street, Suite 104
St. Paul, MN 55107
bobbi@mnallianceoncrime.org
612.940.8090/800.940.8090