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|  | Minnesota Alliance on Crime  Board of Directors Application  Fiscal Year 2019 |

## Contact Information

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| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Date:** |  |
|  | First | Last |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Home Address:** |  | | |
|  | Street Address | | |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Phone:** |  | | | **Email:** |  |
| **Preferred Method of Contact:** | | Work | Home | | |

## Current Employment

|  |  |
| --- | --- |
| **Organization/Business Name:** |  |

|  |  |
| --- | --- |
| **Title:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Business Address:** |  | | |
|  | *Street Address* | | |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |
| --- | --- |
| **Type of Organization/Business:** |  |

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| **Primary Services and Area/ Population Served:** |  |

## Please list boards or committees you serve on or have served on (non-profit, civic, community, service, political, professional, recreational):

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| --- | --- | --- |
| **Organization** | Role/Title | **Dates of Service** |
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| --- | --- | --- | --- | --- |
| Professional References | | | | |
| **Full Name:** |  | | **Relationship:** |  |
| **Company:** |  | | **Phone:** |  |
| **Address:** |  | | Email: |  |
|  |  | |  |  |
| **Full Name:** |  | | **Relationship:** |  |
| **Company:** |  | | **Phone:** |  |
| **Address:** | |  | Email: |  |

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| --- |
| Other Experience |
| List any other relevant experience, education, honors, or awards (optional): |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Skills, experience, and interests (please check all that apply): | | | | | |
|  | Finance/Accounting |  | Community Engagement |  | Outreach/Advocacy |
|  | Personnel/Human Resources |  | Communications/PR |  | Public Policy |
|  | Administration/Management |  | Special Event Planning |  | Strategic Planning |
|  | Nonprofit Governance |  | Public Speaking |  | Victim/Survivor Experience |
|  | Policy Development |  | Training Development |  | Other: |
|  | Program Evaluation |  | Grant Writing |  | Other: |
|  | Writing and/or Editing |  | Fundraising |  | Other: |

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| **Please list any groups, organizations, businesses, and/or leaders that you could serve as a liaison to on behalf of MAC:** |
|  |

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| **Why are you interesting in joining the MAC Board of Directors?** |
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| **How would MAC benefit from your involvement on the Board of Directors?** |
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| --- |
| **Please tell us anything else you would like to share about yourself:** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

# Thank you for your interest in the MAC Board!

**Please return this application by June 29, 2018 to:**

**Karla Bauer, Board Development Committee Chair at karlabauer314@gmail.com**