



Minnesota Alliance on Crime
Board of Directors Application
Fiscal Year 2022

Contact Information

Name: First Last Date:

Home Address: Street Address City State ZIP Code

Phone: Email:

Preferred Method of Contact: Work Home checkboxes

Current Employment

Organization/Business Name:

Title:

Business Address: Street Address City State ZIP Code

Type of Organization/Business:

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):

Table with 3 columns: Organization, Role/Title, Dates of Service

Professional References

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Other Experience

List any other relevant experience, education, honors, or awards (optional):

Skills, experience, and interests (please check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Community Engagement | <input type="checkbox"/> Outreach/Advocacy |
| <input type="checkbox"/> Personnel/Human Resources | <input type="checkbox"/> Communications/PR | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Administration/Management | <input type="checkbox"/> Special Event Planning | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Nonprofit Governance | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Victim/Survivor Experience |
| <input type="checkbox"/> Policy Development | <input type="checkbox"/> Training Development | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Program Evaluation | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Writing and/or Editing | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other: |

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

Why are you interesting in joining the MAC Board of Directors?

How would MAC benefit from your involvement on the Board of Directors?

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 to:
Barb Hedstrom, Vice President at BHedstrom@ShakopeeMN.gov