



Minnesota Alliance on Crime Application for Board of Director's Position

Contact Information

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: _____

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):

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):

- | | | |
|---------------------------|------------------------|----------------------------|
| 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: |

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!
*email the application to admin@mnallianceoncrime.org