VICTIM SERVICES
Assistance & Advocacy for Crime Victims

Board of Directors Application

General Information

Name: _____ Phone Number: _____

Email: _____ Occupation/Employer: _____

Interest in Victim Services

Why are you interested in serving on the Victim Services Board of Directors?

What do you believe is the role of a nonprofit board member?

What perspective, experience, or connection would you bring to our board?

Skills & Experience

Please tell us about any professional, volunteer, or community experience that you feel would benefit Victim Services.

Are there particular organizations, businesses, community groups, or professional networks you could help connect Victim Services with?

Commitments & Participation

Are you able to commit to quarterly board meetings and participate consistently in promoting and sharing the work of Victim Services?

Board members are expected to actively support the organization's fundraising and community engagement efforts. What does this type of involvement look like for you?

Board members are expected to make an annual financial contribution to Victim Services, at a level that is meaningful and appropriate to their individual circumstances. Contributions may be monetary or may include donated goods or professional services (such as printing, advertising, accounting, or other services) that directly support the organization. Are you comfortable with this expectation?

☐ Yes ☐ No — please explain: _____

Conflict of Interest

Do you have any personal, professional, financial, organizational, or other relationships or interests that could create an actual or perceived conflict of interest with Victim Services or your responsibilities as a board member?

☐ Yes ☐ No — please explain: _____

If a potential conflict arises, are you willing to disclose the conflict and follow Victim Services' Conflict of Interest Policy, including recusing yourself from related discussions or decisions when appropriate?

☐ Yes ☐ No

Confidentiality

Board members may have access to confidential information regarding victims, staff, donors, organizational matters, and other sensitive information. Are you willing to maintain strict confidentiality and comply with Victim Services' confidentiality policies and procedures?

☐ Yes ☐ No

Additional Information

Is there any additional information, experience, perspective, or other consideration you feel would be relevant to your interest in serving on the Victim Services Board that has not been addressed above?

Submission

Please complete and email this form and a copy of your resume to info@crimevictimservices.net, or print and mail to:

Victim Services
PO Box 376
Brainerd, MN 56401