

Victims of Violence Intervention Program, Inc

Artemis House

PO Box 486, Spearfish, SD 57783 605-642-7825

**Board of Director Application**

GENERAL INFORMATION:		
<i>First Name</i>	<i>Last Name</i>	<i>Date of Application</i>
<i>Address</i>	<i>City, State, Zip</i>	<i>E-mail Address</i>
<i>Home Phone</i>	<i>Work Phone</i>	<i>Cell Phone</i>
<i>Current Employer:</i>		

Have you ever been convicted of a crime?

Yes

No

If Yes, explain \_\_\_\_\_

Education - Please indicate the highest level of completion

High School/GED

College/University

Professional/Technical

Post Graduate

**EXPERIENCE / SKILLS**

Please mark all area(s) of expertise/contributions you feel you could make to further our mission:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Finance              | <input type="checkbox"/> Capital Campaigns      | <input type="checkbox"/> Contacts             |
| <input type="checkbox"/> Strategic Planning   | <input type="checkbox"/> City Council Contacts  | <input type="checkbox"/> Financial Accounting |
| <input type="checkbox"/> Operations           | <input type="checkbox"/> Facilities Maintenance | <input type="checkbox"/> Evaluation           |
| <input type="checkbox"/> Events               | <input type="checkbox"/> Marketing              | <input type="checkbox"/> HR                   |
| <input type="checkbox"/> Fundraising          | <input type="checkbox"/> Grant Writing          | <input type="checkbox"/> Set up/Design        |
| <input type="checkbox"/> Writing/Facilitating | <input type="checkbox"/> Construction           | <input type="checkbox"/> Auditing             |
| <input type="checkbox"/> Public Relations     | <input type="checkbox"/> State Government       | <input type="checkbox"/> Policy               |
| <input type="checkbox"/> Safety               | <input type="checkbox"/> Legal                  | <input type="checkbox"/> Development          |

**PLEASE SUMMARIZE THE ABOVE-MENTIONED SKILLS OR PRIOR EXPERIENCE AND HOW IT MAY BE RELEVANT TO OUR MISSION AT VVIP**

**REASONS WHY I'M INTERESTED IN BECOMING A BOARD MEMBER FOR VVIP**

**WHAT COMMUNITY TIES DO YOU HAVE THAT YOU FEEL WILL BENEFIT OUR ORGANIZATION?**

**BY SIGNING BELOW, I AM ACCEPTING THE RESPONSIBILITIES OUTLINED IN THE BOARD MEMBER EXPECTATION SHEET I WAS PROVIDED**

**SIGNATURE**

**DATE**