

Northwoods coalition for family safety

Board of Directors Application

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All applicants should fill out the information below and return to NCFS by mail, fax, or email.

Name:	Phone: Alternate Phone:
Address:	Email: Fax:
Please explain why you are interested in becoming a member of the Board of Directors for Northwoods Coalition for Family Safety:	
Please describe skills and/or experiences you possess that you believe will be helpful to this Board:	
Please describe your specific experience(s) in working with diverse population groups:	
Briefly explain how cultural responsiveness might apply to the Board of Directors for Northwoods Coalition for Family Safety:	
Please list current and/or previous board experience:	
Please list current volunteer activities:	
Have you ever been convicted of a crime? (A conviction will not necessarily bar your application from consideration) ___ Yes ___ No If yes, please explain:	

Northwoods Coalition for Family Safety has an interest in areas of experience and/or skill that support the short and long term goals of the organization. Please check from the list below those that most closely describe what you might bring to the organization:

- | | |
|--|--|
| <input type="checkbox"/> Women's Issues/Services | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Children's Services/Education | <input type="checkbox"/> Building Projects/Construction |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Real Estate/Property Management |
| <input type="checkbox"/> Grants | <input type="checkbox"/> Community Asset Building |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Coalition Building |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Events Planning/Coordination |
| <input type="checkbox"/> Strategic Management | <input type="checkbox"/> Other (specify) |

Board Statistical Information:

Northwoods Coalition for Family Safety embraces diversity. Furthermore, the by-laws require 1/3 of the Board members to be persons of color and 1/3 to be survivors of domestic abuse. Please check those responses listed below that most closely describe how you identify yourself: (Optional: for statistical purposes)

- | | |
|---|---|
| <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> African American | <input type="checkbox"/> Other ethnic origin (Specify) |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Disability (specify) |
| <input type="checkbox"/> Elder/Senior Citizen | <input type="checkbox"/> Hearing or sight impaired |
| <input type="checkbox"/> Survivor of domestic violence | <input type="checkbox"/> Former homelessness |
| <input type="checkbox"/> European ethnic origin | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Caucasian | |

Applicant Signature

Date