



**BOARD OF DIRECTORS Application Form**

Email to: [tbavs@tbaytel.net](mailto:tbavs@tbaytel.net) or

Fax to: (807) 625-6502 Attn: VCARS

**DEMOGRAPHICS:**

**NAME:** First, Middle, Last, required

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**ADDRESS/POSTAL CODE**

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**TELEPHONE: (WORK):** \_\_\_\_\_ **HOME:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

Preferred Method of Correspondence \_\_\_\_\_

1. Describe your interest in becoming a Board member of Thunder Bay and Area Victim Services?

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2. What skills or knowledge do you bring to the position?

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3. What do you need to know in order to accept the responsibilities of a Board Member?

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4. Describe your volunteer experience highlighting any Board involvement?

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5. What is your understanding of a Board member's role?

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6. What are some of the current social issues that you believe are confronting people today?

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7. Interests/Hobbies

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**References**-List three references whom you authorize Thunder Bay and Area Victim Services to contact for the purpose of obtaining reference information. These persons are authorized to disclose such information:

<b>Name</b>	<b>Organization</b>	<b>Position Title</b>	<b>Contact Number</b>
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Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_