



BOARD OF DIRECTORS Application Form

Email to: tbavs@tbaytel.net or

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

DEMOGRAPHICS:

NAME: First, Middle, Last, required

ADDRESS/POSTAL CODE

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?

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

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

4. Describe your volunteer experience highlighting any Board involvement?

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

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

7. Interests/Hobbies

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:

Name	Organization	Position Title	Contact Number
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Applicant Signature _____ Date: _____