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|  | Minnesota Alliance on CrimeBoard of Directors ApplicationFiscal Year 2022 |

## Contact Information

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| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Date:** |  |
|  | First | Last |  |  |

|  |  |
| --- | --- |
| **Home Address:** |  |
|  | Street Address |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone:** |  | **Email:** |  |
| **Preferred Method of Contact:** | Work[ ]  | Home[ ]  |

## Current Employment

|  |  |
| --- | --- |
| **Organization/Business Name:** |  |

|  |  |
| --- | --- |
| **Title:** |  |

|  |  |
| --- | --- |
| **Business Address:** |  |
|  | *Street Address* |
|  |  |  |  |
|  | City | State | ZIP Code |

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| --- | --- |
| **Type of Organization/Business:** |  |

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| **Primary Services and Area/ Population Served:** |  |

## Please list boards or committees you serve on or have served on (non-profit, civic, community, service, political, professional, recreational):

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| --- | --- | --- |
| **Organization** | Role/Title | **Dates of Service** |
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| Professional References |
| **Full Name:** |  | **Relationship:** |  |
| **Company:** |  | **Phone:** |  |
| **Address:** |  | Email: |  |
|  |  |  |  |
| **Full Name:** |  | **Relationship:** |  |
| **Company:** |  | **Phone:** |  |
| **Address:** |  | Email: |  |

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| --- |
| Other Experience |
| List any other relevant experience, education, honors, or awards (optional): |
|  |

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| Skills, experience, and interests (please check all that apply): |
|[ ]  Finance/Accounting |[ ]  Community Engagement |[ ]  Outreach/Advocacy |
|[ ]  Personnel/Human Resources |[ ]  Communications/PR |[ ]  Public Policy |
|[ ]  Administration/Management |[ ]  Special Event Planning |[ ]  Strategic Planning |
|[ ]  Nonprofit Governance |[ ]  Public Speaking |[ ]  Victim/Survivor Experience |
|[ ]  Policy Development |[ ]  Training Development |[ ]  Other: |
|[ ]  Program Evaluation |[ ]  Grant Writing |[ ]  Other: |
|[ ]  Writing and/or Editing |[ ]  Fundraising |[ ]  Other: |

|  |
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| **Please list any groups, organizations, businesses, and/or leaders that you could serve as a liaison to on behalf of MAC:** |
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| **Why are you interesting in joining the MAC Board of Directors?** |
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| **How would MAC benefit from your involvement on the Board of Directors?** |
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| **Please tell us anything else you would like to share about yourself:** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

# Thank you for your interest in the MAC Board!

**Please return this application by August 5, 2021 to:**

**Leah Ekstrom at leah.ekstrom@co.cook.mn.us**