



## Board Member Information

### A) Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthday: \_\_\_\_\_

Home PH: \_\_\_\_\_ Work PH: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### B) Current Employer or Prior Employer

Company: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

PH: \_\_\_\_\_ Fax: \_\_\_\_\_ Employed from \_\_\_\_ to \_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_

**Please list any Board service, volunteer work, special training, skills, professional membership, hobbies, organizations, special interests and other activities that may be useful to your Board placement:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**As a Board member you will be asked to serve on at least one additional committee. Please indicate your preference and note that placement is at the discretion of the Board president.**

**Finance Committee \_\_\_\_\_ Board Development Committee \_\_\_\_\_**

**Fund Development Committee \_\_\_\_\_ Strategic Planning Committee \_\_\_\_\_**

**Briefly describe why you are interested in serving on the Micah's Place Board.**

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**C) Survivor information (OPTIONAL)**

Micah's Place believes that the voices of domestic violence survivors are powerful tools for educating the public about this terrible crime. If you identify as a survivor and would like to share your story in the hopes of assisting others, please complete the following questions within this section. If you prefer a confidential interview please call our office at 904.491.6364 ext 106.

Are you an adult survivor of domestic violence?                      yes                      no

Are you a child survivor of domestic violence?                      yes                      no

Would you be willing to share your experiences?

As a speaker                      yes                      no

In print media and/or videos                      yes                      no

**D) Who should we contact in case of an emergency?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other information: \_\_\_\_\_

Are there any medical problems or issues of which we should be aware in the event of an emergency? If so, please list them below:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_