



# SHEBOYGAN COUNTYWIDE CRIME STOPPERS

525 N 6th Street, Sheboygan, WI 53081

*We want your information, **not** your name*

[www.cufthem.com](http://www.cufthem.com)

## QUESTIONNAIRE FOR PROSPECTIVE CRIME STOPPERS BOARD MEMBERS

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_

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Why are you interested in serving on the Board for Sheboygan Countywide Crime Stoppers?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have background/training in special areas that you can assist Crime Stoppers with? (Ex. Legal, fundraising, event planning, public presentations, history, scrapbooking, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you like to grow as a board member? What do you expect Crime Stoppers to do for you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Have you ever served on a nonprofit organization as a board member? Yes \_\_\_\_ No \_\_\_\_  
(If yes, please list)

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Are you willing and able to maintain confidentiality of Crime Stoppers case information and records?  
Yes \_\_\_\_ No \_\_\_\_

What community service groups and/or community activities are you active in?

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Will you be able to attend board meetings (~1 hours) on the third Tuesday of each month at 6:30 PM? Yes \_\_\_\_ No \_\_\_\_ (If no, please explain.) \_\_\_\_\_

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Please note that additional committee meetings may be necessary.

Have you ever been convicted of a felony offense? Yes \_\_\_\_ No \_\_\_\_ (If yes, please explain.) -

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Are you aware of any potential conflicts of interest if you are elected to serve on the Board of Sheboygan Countywide Crime Stoppers? Yes \_\_\_\_ No \_\_\_\_ (If yes, please explain.)

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Do you object to Sheboygan Countywide Crime Stoppers checking with appropriate public authorities (i.e. courts, motor vehicle department, etc.) or doing a police check for matters of public record regarding your background or history? Yes \_\_\_\_\_ No \_\_\_\_\_

THE UNDERSIGNED HEREBY REQUESTS TO BE CONSIDERED FOR THE POSITION OF A BOARD MEMBER OF SHEBOYGAN COUNTYWIDE CRIME STOPPERS. IT IS UNDERSTOOD THAT THE TIME COMMITMENT SHALL BE APPROXIMATELY FOUR HOURS MONTHLY, INCLUDING ONE 1 HOUR MONTHLY MEETING. THE UNDERSIGNED AGREES TO READ AND ABIDE BY THE BYLAWS OF THE ORGANIZATION.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

### OPTIONAL OTHER PERSONAL INFORMATION

Family: Names, ages, etc. \_\_\_\_\_

\_\_\_\_\_

Hobbies, etc. \_\_\_\_\_

\_\_\_\_\_

### Please complete this form and send it to the Sheboygan Countywide Crime Stoppers:

Mail to: Sheboygan Countywide Crime Stoppers  
Bill Young, President  
438 Clement Avenue  
Sheboygan, WI 53083

-or-

E-mail to: [president@cufthem.com](mailto:president@cufthem.com)

## Authorization for Release of Information

- 1) I am a prospective volunteer Board Member for **Sheboygan Countywide Crime Stoppers Inc.** organization.
- 2) A volunteer Board Member is a position requiring trust and responsibility, which requires the highest standards of good character.
- 3) To assure maintenance of these high standards, certain background information pertaining to me is required, including but not limited to, the information, which is authorized for release in paragraph five.
- 4) I do hereby empower an employee of the Sheboygan County Sheriff's Department to, within six months of this authorization, obtain information and records pertaining to me from any or all of the sources listed in paragraph five.
- 5) These sources include, but are not limited to:
  - a. Any **Police Department, Sheriff's Department,** or other **Law Enforcement Agency**
  - b. Any information or records that are available to the **Public** or can be obtained by **Open Records** requests.
- 6) I hereby release any individual, business entity, agency or institution, including it's officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind (including actions brought under SS 985.50, Wisconsin Statutes [Privacy Act], which may at any time have resulted for me, heirs, family or associates, because of compliance with this authorization and request to release information or any attempt to comply with it.
- 7) A photocopy of this authorization will have the same force and effect as an original.

**I have read the above and know it to be true and correct to the best of my knowledge.**

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(Signature)

(Date)

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(Printed Name)

(Date)

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(Address)

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(Witness Signature)