

BOARD MEMBER Application Form

PERSONAL INFORMATION

Name:	DOB:	
Address:		(yyyy/mm/dd)
Phone:	Postal Code:	Drivers Licence:
Have you ever been conv	victed of a crime? Yes No	
If you answered yes, plea	ase describe the nature of the crime(s) an	d date of conviction(s):
	WORK INFORMATION	
Business Name:	Your Title:	
Business Address:		
Business Phone:	Email:	
Name:	EMERGENCY CONTACT INFORMATION	<u>l</u>
Phone:	Phone 2:	
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Why do you want to join	the Crime Stoppers Board of Directors?	
	and/or Committees that you serve on, or	
2)	Role/Title	Years Involved





BOARD MEMBER Application Form (cont.)

Please briefly describe your professional background and other relevant experience: (Education/Training/Certificates)		
How do you feel Crime Stoppers would benefit from your in	nvolvement on the Board?	
Please briefly list your skills and interests (Accounting/Publ	ic Relations/Fundraising/etc.):	
Please list your references here: 1)		
2)		
3)		
Thank you for taking the time to complete this application. Crime Stoppers is required to ask about and check your criminal history before processing a clearance form. Having a criminal history will not necessarily disqualify the applicant from becoming a volunteer. I authorize Crime Stoppers to complete a criminal history record check: I understand that I will be under direction and guidance of the Board of Directors and Police Coordinators: I understand that I may be required to pledge an oath of secrecy:		
 Date	Signature	
I have attached a resume	I have attached a letter of intent	