

Board of Directors Application

Applicant Information				
Name:			Date:	
Address:	Street Address		Apartment/Unit #	
	Sireer Address		Apartineni Onit #	
	City	S	tate ZIP Code	
Phone:		Email:		
		Business Information		
Occupatio	on:	Employer:		
# of years:	:			
Address:		Street Address / City / State / Zip Code		
Phone:		Email:		
		Education		
Highest le	evel of Education completed?			
College:		Degree:		
	Professiona	I Skills and Experience (check all	that apply)	
		□ Knowledge of Services	□ Medical\Healthcare	
	Community Relations	🗆 Legal	□ Planning	
	□ Education	□ Law Enforcement	□ Public Relations	
	□ Fundraising		□ Public Speaking	
	□ Human resources	□ Management	\Box Public Policy and Advocacy	
Nonprofit:	:	From:	To:	
Nonprofit:		From:	To:	

Availability				
	YES	NO		
Could you regularly attend board meetings on the 4 th Monday of each month?				
Conflicts:				
Board members are expected to serve on one of these committees. Please check which you prefer:				

Will
Facility
Finance
Fundraising
Personnel

Board members may also decide to serve on one of these committees. Please check which you prefer (*if applicable*):

DV\SA\EC Advisory

□ Legacy of Caring

Fund Development

References

Name:	Phone:
Name:	Phone:
Name:	Phone:

Statement

Please write a brief statement explaining why you wish to serve as a member of the Community Crisis Center Board of Directors.

Signature:		Date:
	Community Crisis Center, Inc. Attn: Maureen Manning P.O. Box 1390 Elgin, IL 60120-1390	
Phone:	(847) 742-4088	
Email:	mmanning@crisiscenter.org	