



**SAFE PASSAGE
BOARD OF DIRECTORS
APPLICATION/SELF-NOMINATION FORM
& PROFILE**

Safe Passage seeks to promote diversity on our board. We encourage candidates to apply supporting diversity in public safety, advocacy, culture, ethnicity, race, gender, sexual orientation, disability, region, population.

Vision: Creating a Community Free From Violence.

Mission: We stand with the community and survivors of violence to provide safety, education and empowerment.

Values: Survivor-Centered, Integrity, Empowerment, Collaboration, and Leading Boldly

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

The Safe Passage Board is a “**working board**” whose members play active and important roles in the success of the organization. To serve on the Board, members are required to:

1. Attend and participate fully in board meetings, committee meetings, and other organizational functions and events.
2. Understand and protect the fiduciary health of the organization.
3. Understand and adhere to the democratic process of a non-profit board.
4. Understand, promote, and be committed to Safe Passage programs, public policies, vision, goals, and principles as set forth in our bylaws.
5. As a board member, you will be a representative of Safe Passage in the community. As such, board member conduct should always reflect the mission and values of Safe Passage.

I hereby state the following statements are true:

- a. If elected, I agree to perform all duties required of Safe Passage Board of Directors as outlined in the Safe Passage bylaws.
- b. I have no financial interests that would present a conflict of interest in serving on the Safe Passage Board. If such conflict should arise, I agree to excuse myself from any such discussion and vote, or resign if requested by the Board.
- c. I agree to uphold the mission, purpose, and public presence of Safe Passage, and to support the majority vote of all Board actions.
- d. I agree to help with the financial growth and sustainability of the organization.

Signature of Applicant/Nominee (e-signature accepted): **Date:**

**SAFE PASSAGE, BOARD OF
DIRECTORS NOMINATION
BACKGROUND INFORMATION**

Briefly describe why you would like to join our Board of Directors:

Your current organizational affiliations (names of the organization and your role(s)):

1. _____
2. _____
3. _____
4. _____

Which of your skills would you like to utilize on the Board? Check those that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Board development | <input type="checkbox"/> Financial management | <input type="checkbox"/> Training |
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Staffing / HR | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Volunteer management |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Community networking | <input type="checkbox"/> Facilities management |

Other skill(s) of yours that you would like to utilize?

What would you personally like to get out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate, etc.?

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

Yes

No

Perhaps

If yes or perhaps, please describe how you would like to volunteer and/or your areas of interest:

The elections and membership committee will review all applications and assess which applicants best meet the current requirements and needs of the board. Those who meet criteria will be forwarded to all Safe Passage members in good standing for vote.