

**APPLICATION FOR APPOINTMENT TO THE BOARD OF DIRECTORS  
HANDS OF HOPE RESOURCE CENTER**

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Mission:** *Hands of Hope Resource Center advocates, educates and promotes societal change for those affected by violence and abuse.*

**YOUR VIEWS ON OUR ORGANIZATION** (use reverse side as needed)

What draws you to the board of directors at Hands of Hope Resource Center?

**YOUR BACKGROUND**

What strengths and/or skills could you contribute to our board? (Please check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Accounting/financial         | <input type="checkbox"/> Planning                            |
| <input type="checkbox"/> Legal                        | <input type="checkbox"/> Criminal justice link               |
| <input type="checkbox"/> Fund-raising                 | <input type="checkbox"/> Knowledge of services/victimization |
| <input type="checkbox"/> Community & public relations | <input type="checkbox"/> Public speaking                     |
| <input type="checkbox"/> Women's issues and studies   | <input type="checkbox"/> Team player                         |
| <input type="checkbox"/> Management                   | <input type="checkbox"/> Other (please explain) _____        |

On what (if any) other boards have you served? \_\_\_\_\_

Charitable or community activities in which you have been or are involved: (attach additional sheet if needed)

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

**YOUR AVAILABILITY TO SERVE**

Would you be willing to commit to a three year term on the Board?  Yes  No

Could you regularly attend board meetings – 3<sup>rd</sup> Wednesdays, 5:00 PM?  Yes  No

Conflicts: \_\_\_\_\_

How many hours per month, in addition to board meetings, could you serve this organization? \_\_\_\_\_

Would you attend a 1-2 hour training session for new board members?  Yes  No

Which committees would you be interested in serving on? \_\_\_\_\_

**CONFLICTS OF INTEREST**

Would you have a conflict of interest with any of our values or activities?  Yes  No

**REFERENCES (LIST NAMES, ADDRESSES AND PHONE NUMBERS)**

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

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

Return this form to: Lois Stover, Board Chair  
Hands of Hope Resource Center  
P.O. Box 67  
Little Falls, MN 56345