

The mission of the New Jersey Coalition Against Sexual Assault (NJCASA) is to promote the compassionate and just treatment of survivors, their loved ones and significant others, foster collaborative relationships between community systems, and affect attitudinal and behavioral changes in society as we work toward the elimination of sexual violence against all people.

Application for NJCASA Board of Trustees

To apply to become a member of the Board of Trustees for the New Jersey Coalition Against Sexual Assault (NJCASA) please complete this application and return it, along with attachments, to NJCASA via mail, fax or email to:

NJCASA
Crossroads Corporate Center
3150 Brunswick Pike, Suite 230
Lawrenceville, NJ 08648-2420

Fax: 609-631-4453
Email: pteffenhart@njcasa.org

Name: _____

Home Address: _____

County of Residence: _____

Home Telephone #: _____

Cell #: _____

Email Address: _____

Current Employer and Title: _____

Address: _____

Telephone #: _____

Email Address: _____

If you have access to fax please provide fax #: _____

Do you prefer contact via home or business email? _____

Do you prefer contact via home, business or cell #? _____

Information on noteworthy prior personal or professional experience or accomplishments:

What academic degrees, certifications or licenses do you currently hold? _____

Please attach a copy of your resume.

Education, skills, or experience you could contribute to the Board and appropriate explanation or information:

[] Accounting/Financial/Investment _____

[] Community Relations _____

[] Event Planning _____

[] Fundraising _____

[] Governance _____

[] Human Resources _____



- [] Issue Advocacy _____
- [] Law _____
- [] Management/Nonprofit Leadership _____
- [] Marketing _____
- [] Public Speaking _____
- [] Elected or Appointed Office _____
- [] Strategic Planning _____
- Other: _____

On which boards have you/do you serve?

Organization	Dates Served	Offices / Committees

To which other organizations do you belong?

- Community/Civic: _____
- Educational: _____
- Religious: _____
- Political: _____
- National: _____
- International: _____
- Other: _____

Would you be willing to help build a collaborative partnership between NJCASA and any of the above organizations? If so, which one(s)? _____

Would you be able to attend a minimum of 6 Board of Trustees meetings per year?

Yes No If not, what would be the likely conflict(s)? _____

Would you be able to attend monthly committee meetings, either in person or via telephone?

Yes No If not, what would be the likely conflict(s)? _____

Please indicate a ranked (1-3) preference for committee membership:

Finance

Fundraising

Governance

Are you willing and able to actively attend, support, and contribute to fundraising activities? Yes No

Are you willing and able to financially contribute to NJCASA? Yes No

Why are you interested in joining the NJCASA Board of Trustees? _____

What are you hoping to experience by becoming a member of the Board of Trustees? _____

After reviewing the Mission Statement above, what is your personal interest in being affiliated with NJCASA?

Please set forth your personal view and opinion concerning the following issues:

Sexual Violence:

Feminism:

Public/Political Advocacy:

Please provide information about any possible conflicts of interest you may have if you are elected to the NJCASA Board of Trustee, including personal, professional or business relationships with current NJCASA Trustees, Staff, or Program Members:



Board Candidate Affirmation

I hereby affirm that I have never been charged with or convicted of any crime of violence against another person or of any crime involving moral turpitude in this state or in any other state or federal or international jurisdiction. For purposes of this affirmation I understand that “crime of violence” or “crime involving moral turpitude” includes, but is not necessarily limited to: murder, manslaughter, robbery, burglary, sexual assault, rape, stalking, criminal sexual contact, child abuse or endangerment, domestic violence, lewdness, perjury, false swearing, forgery, theft or theft-related crimes. _____ (initial)

I hereby affirm that I have never had a professional license or certification challenged, suspended, or revoked. _____ (initial)

Please explain any and all reasons why you may not be able to affirm the above statements.

Print full name: _____

Signature of Candidate: _____

Date of Birth: _____

Date: _____