



**BOARD MEMBER APPLICATION FORM**

MONTEREY COUNTY RAPE CRISIS CENTER

**P.O. BOX 2630 MONTEREY, CA 93942**  
**OFFICE (831) 373-3955**  
**FAX: (831) 373-3389**  
CRISIS LINE: (831) 375-4357  
(375-HELP)

**P.O. BOX 2401, SALINAS, CA 93902**  
**OFFICE: (831) 771-0411**  
**FAX: (831) 771-0105**  
CRISIS LINE: (831) 424-4357  
(424-HELP)

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
Street City Zip

PHONE \_\_\_\_\_  
Business Home

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

OCCUPATION: (current or retired) \_\_\_\_\_  
City \_\_\_\_\_

AGE: Under 20\_\_\_ 20-39\_\_\_ 40-59\_\_\_ 60+\_\_\_

ETHNICITY: Af. American\_\_\_ Am. Indian\_\_\_ Asian\_\_\_ Caucasian\_\_\_ Hispanic\_\_\_

PLEASE LIST ABILITY TO READ/WRITE/SPEAK ANY OTHER LANGUAGES \_\_\_\_\_

CURRENT VOLUNTEER/COMMUNITY INVOLVEMENTS (List organizations, positions, and dates.)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

PAST VOLUNTEER EXPERIENCE (List organizations, positions, and dates.)

- 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**RELEVANT EXPERIENCES (List organizations, positions, & dates)**

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

**WHAT DO YOU FEEL YOU CAN BRING TO THE MCRCC BOARD?**

Include your strengths \_\_\_\_\_

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

Skills: Fiscal Mgmt \_\_\_\_\_ Fundraising \_\_\_\_\_ Personnel \_\_\_\_\_ Planning \_\_\_\_\_

Public Relations \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_

**WHAT DO YOU HOPE TO RECEIVE FROM SERVING ON THE BOARD?**

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

**HOW MANY HOURS PER MONTH DO YOU HAVE AVAILABLE FOR AGENCY ACTIVITIES? \_\_\_\_\_**

I declare under penalty of perjury that I have not been investigated, charged or convicted of any crime, misdemeanor or felony which is related to sexual assault, sexual abuse, domestic abuse, or any felony. Please consider me for nomination to the Board of Directors for MCRCC.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

(Please attach a resume. Thank you for your interest.)