APPLICATION FOR BOARD MEMBERSHIP



W.R.A.P.

700 North 7th Street P.O. Box 1193 Marshall, MN 56258-1193

(507) 532-9532 FAX (507) 592-7361 Web site: www.letswrap.com

PERSONAL NFORMATION	NAME: GENDER: MALE FEMALE
	ADDRESS:
	CITY: STATE: ZIP CODE:
	HOME PHONE: CELL PHONE:
	BEST TIME TO CALL:
μΞ	e-MAIL ADDRESS:
ΕZ	EMPLOYMENT STATUS: EMPLOYED SELF-EMPLOYED UNEMPLOYED RETIRED
EMPLOYMENT INFORMATION	EMPLOYER: POSITION:
	ADDRESS:
N N	CITY: STATE: ZIP CODE:
를 다	EMPLOYER PHONE: MAY WE CONTACT YOU AT WORK? YES NO
⊒≅	SUPERVISOR NAME:
	4. Disease sombine orbital and internated in coming on the Decad of Directors
	 Please explain why you are interested in serving on the Board of Directors.
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M	2. What life appariances and/or talents do you bring to the argonization?
O.R.	2. What life experiences and/or talents do you bring to the organization?
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D	
UND INFORMATION	
(GF	3 Please explain your definition of demostic violence
BACKGRO	Please explain your definition of domestic violence
BA	

	4. In your opinion, what causes domestic violence?
BACKGROUND INFORMATION	5. Please describe briefly any personal experience you have had with domestic violence?
В	6. Office of Justice Programs (a division of "the Department of") guidelines state that board membership should represent the diversity found in our communities. We also believe a diverse board will enhance our ability to provide effective services to all those who are affected by domestic violence. (NOTE: A and B are optional you do not have to answer to identify which of the following may describe you.) A. Domestic violence survivor Caucasian
OPTIONAL QUESTIONS	African American African American Cadcasian Differently Abled American Indian Other Asian American Explain:
	Marital Status: Single Married Separated Divorced Other Explain "Other":
	B Age
	NAME PHONE ADDRESS
REFERENCES	CITY STATE ZIP
	RELATIONSHIP TO APPLICANT ASSOCIATION WITH W.R.A.P.
ER	NAMEPHONE
EF	ADDRESS STATE ZIP
IZ.	RELATIONSHIP TO APPLICANT ASSOCIATION WITH W.R.A.P.

THANK YOU FOR YOU TIME AND INTEREST! PLEASE MAIL OR FAX TO YOUR LOCAL W.R.A.P. OFFICE