

# Uniting Three Fires Against Violence

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## BOARD OF DIRECTORS APPLICATION

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Is your agency willing to support your involvement in the Board of Directors?  
(this will consist of a release of your time for 10-12 Board meetings per year and any other Committee Meetings)  
\_\_\_\_ Yes \_\_\_\_ No

Do you feel you have the time to make the expected commitment of 10-12 meetings per year, in addition to Committee Meetings and special events?  
\_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of or plead no contest to a crime or physical or sexual abuse on another person?  
\_\_\_\_ Yes \_\_\_\_ No

Applicants  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please list two references and their daytime phone numbers:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_