



APPLICATION FOR BOARD of DIRECTORS MEMBER

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
List any and all names you have been known by, including birth/maiden name, previous married names, or legally changed names.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

City: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Are you currently or have you ever served on a non-profit organization as a board member? Describe:

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A Quincy Regional Crime Stoppers Board of Directors member must agree to:

- Maintain strict confidentiality of Crime Stopper case information.
- Be an active spokesperson for Crime Stoppers.
- Attend the monthly Crime Stopper Board of Director meetings. (Usually the first Thursday of the month.)
- Serve on at least one working committee.
- Actively participate in fundraising activities of the Crime Stoppers board.
- Notify the board if you have any potential conflicts of interest before serving or after acceptance to the board.
- Provide authorization for a background check. (Below)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_ authorize the Quincy Regional Crime Stoppers to perform a background check concerning my general reputation, employment and criminal history to determine suitability for board membership. Upon written request, I understand that said board shall provide me with the information regarding the nature and scope of the investigation, if one is made.

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