



Board of Directors Application Form

Thank you for your interest in serving as a member of the Board of Directors of the Barren River Area Safe Space, Inc. Serving on the board is a rewarding experience and an opportunity to serve the community you live and work in. You may find it helpful to read through the entire application, including the mission and vision statement and Board Member responsibilities.

Please return your completed application by email to nominations@brassinc.org.

Applications are used by the Board of Directors to identify and evaluate potential board candidates. All new directors are elected by majority vote of current board members. Additional information on agency operations, by-laws, and policy and procedures will be provided to new directors after election.

Mission Statement:

The mission of the Barren River Area Safe Space, Inc. is to provide safety and support to victims of domestic violence and their children and empower them with opportunities that lead to self-sufficiency.

We educate our community about domestic violence to help identify and spark change, and we advocate to protect the rights of individuals so everyone in our community can be free from abuse.

Vision Statement:

We want to live in a community where patterns of abuse are broken and stigmas are gone – a place where society is supportive of survivors, every person matters, homes are free from abuse and healthy relationships thrive.

Board Member Responsibilities:

1. Serve a minimum of one (1) three-year term with eligibility to renew if re-elected at the end of each term
2. Attend a minimum of five scheduled bi-monthly board meetings. Board Meetings are scheduled the third Thursday of August, October, December*, February, April, and June
3. Make a serious commitment to actively participate in committee work in the alternate months
4. Participate in events and programs or other requested attendance in the benefit of the agency
5. Provide recognized expertise to agency board and staff upon request or need
6. Pledge personal financial resources to agency operations
7. Understand and recognize that the nature of the 24/7/365 operation may require immediate attention at non-meeting times to ensure the continuity of agency operations

Candidate Information:

Name: _____

Preferred Address: _____

Preferred Phone: _____ **HOME** **BUSINESS** **CELL**

Preferred e-mail address: _____

Occupation/ Employer: _____

What is your primary interest in serving on the Board of Directors of BRASS?

Education/Skills/Interests:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Accounting/financial planning | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Management |
| <input type="checkbox"/> Education | <input type="checkbox"/> Government |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Human services | <input type="checkbox"/> Media |
| <input type="checkbox"/> Public relations/marketing | <input type="checkbox"/> Other: _____ |

Have you previously worked or currently work in any capacity with other non-profits or profession/community organizations? If yes, please list names and lengths of service below:

Are you aware of any Conflicts Of Interest (real or perceived) from serving on the Board of Directors?

___ Yes: Please Explain: _____

___ No

Have you previously experienced homelessness? ___ Yes ___ No

Agreements (Please initial):

___ I agree and understand the commitment of 2-4 hours of time investment in meetings each month. Current scheduled Board meetings occur every other month on the third Thursday at 4:15 pm.

___ I agree to participate in time/talent/financial giving directly to agency. Further discussion will be provided upon election.

References:

Please provide the name of one personal reference and one professional reference and their best contact information:

Reference Name (personal): _____

Contact: ___ by phone (cell): _____

___ by e-mail: _____

Reference Name (professional): _____

Contact: ___ by phone (cell): _____

___ by e-mail: _____

Application Submission:

Completed applications shall be e-mailed to Nominations@brassinc.org. Resumes/CVs are not required, but may be a secondary attachment when submitting your application.

For Board Use:

___ Nominee has had a personal meeting with a current Board Member or the Executive Director Date: _____

___ Nominee reviewed by committee. Date: _____

___ Nominee proposed to board. Date: _____

Board Action: ___ Elected ___ Rejected Date: _____