



BOARD OF DIRECTORS APPLICATION

Thank you for your interest in serving as a member of the Board of Directors of the Ohio Victim Witness Association (OVWA). Serving on the board is a rewarding experience and an opportunity for personal and professional growth.

Please mail this completed application to:
OVWA (Attn: Board of Directors)
90 Northwoods Blvd., Suite B6
Columbus, OH 43235

Or email it to **info@ovwa.org**. If emailing your application, please put "Board Application" in the subject line.

This application will be kept confidential and on file at the OVWA offices. Applications are used by the Board's Nominating Committee to identify and evaluate potential board candidates. All new directors are elected by a majority vote of current board members.

BOARD MEMBER RESPONSIBILITIES

- Serves a minimum of one (1) three-year term on the Board.
- Makes a serious commitment to participate actively in-person at quarterly Board meetings, special committee meetings, and OVWA events.
- Stays informed about OVWA matters, is prepared for meetings, and builds a collegial working relationship with other members that contributes to OVWA's success.
- Participates in the Board's annual evaluation and planning efforts.
- Actively participates in the advancement of OVWA and the fulfillment of its mission.
- Identify and evaluate prospective fundraising opportunities, cultivate and solicit gifts, support the resource development of the organization and offer personal acknowledgements to donors and volunteers.
- Provide leadership, contribute ideas, and actively advocate for OVWA and its organizational efforts.

Name: _____ Phone: _____

Home Address: _____

Email: _____

Ethnicity (optional): _____ Gender (optional): _____

Company: _____

Position/Title: _____

Briefly describe why you would like to join the OVWA Board of Directors: _____

CONTINUED

Please list your current and past organizational affiliations along with years of service (names of the organizations and your role(s)): _____

Which of your skills would you like to utilize on the Board: (check all that apply)

- | | | |
|---|--|--|
| <input type="radio"/> Admin/Management | <input type="radio"/> Health Services | <input type="radio"/> Public Policy Experience |
| <input type="radio"/> Board Development | <input type="radio"/> Human Resources | <input type="radio"/> Social Services |
| <input type="radio"/> Community Networking | <input type="radio"/> Legal Services | <input type="radio"/> Strategic Planning/Quality Assurance |
| <input type="radio"/> Education/Training | <input type="radio"/> Licensed Allied Professional | <input type="radio"/> Technology and Social Media |
| <input type="radio"/> Experience as a service provider | <input type="radio"/> Marketing/Public Relations | <input type="radio"/> Other: _____ |
| <input type="radio"/> Experience as a survivor of crime | <input type="radio"/> Non-Profit Experience | _____ |
| <input type="radio"/> Family member of victim of crime | <input type="radio"/> OAN Registered Advocate | _____ |
| <input type="radio"/> Financial Management | <input type="radio"/> OVWA Member | |

How have you utilized the above skills in the past? (Please list educational, employment and other opportunities):

I understand that as an OVWA Board Member, I will be expected to attend all meetings in-person or via teleconference, unless excused for specific causes. Additionally, I understand that I will be asked to participate in commitments such as project committee work, special meetings, and related activities.

Applicant Signature: _____ Date: _____

The mission of OVWA is to promote access to safety, healing, justice, and financial recovery for Ohio crime victims through meaningful rights and quality services. Personal information requested on this application will be used only for the purpose of selecting members to assist the OVWA Board of Directors and OVWA staff in fulfilling its mission

OVWA acknowledges and honors the fundamental value and dignity of all individuals. We pledge ourselves to maintaining an environment that respects diverse traditions, heritages, and experiences. OVWA is proud to be an equal opportunity workplace and seeks leaders that will support inclusive efforts.

OVWA is a private, non-profit 501(c)3 organization.

FOR BOARD USE ONLY

Board Review Date: _____ Yes No

Board Orientation Date: _____

Board Start Date: _____

Board Manual Provided? Yes No

Board Acceptance Letter Sent? Yes No