



Application for Board of Directors

PLEASE TYPE OR PRINT

Name: _____ Phone: (____) _____

Address: _____ Cell: (____) _____

City/State/Zip Code: _____

Business/Organization (if applicable): _____

Email: _____

1. Check ALL categories that apply to you:

Victim/Survivor of crime

Crime Victim Advocate

Family member of victim/survivor of crime

OVWA Member

OAN Registered Advocate

Licensed Professional

Licensure: _____

2. How did you hear about Ohio Victim Witness Association?

3. List your education and/or your experiences that relate to crime victim advocacy and/or leadership.

4. Please explain why you would like to become a member of OVWA's Board of Directors. List your specific skills.

5. List current or previous organizations, boards or commissions that you belonged to, and any offices or leadership roles that you held.

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

Applicant Signature: _____

Date: _____

Please submit completed applications to:

OVWA Board of Directors
90 Northwoods Blvd., Suite B-6
Columbus, OH 43235
Fax: (614) 396-8863
Email: info@ovwa.org

Personal information requested on this application will be used only for the purpose of selecting members to assist the OVWA Board of Directors in fulfilling its mission.