



Prospective Board Member Application

Dear prospective Rebuilding Hope! Board Member,

Thank you for taking time to consider becoming a member of the Rebuilding Hope! Sexual Assault Center for Pierce County Board of Directors. Without strong, committed Board members, the agency could not continue to meet its mission of serving those who have experienced sexual violence. We are fortunate to have a rich history of skilled and passionate board members who have led us through almost 50 years of service in Pierce County.

We understand the importance of selecting new board members, and applying for the board takes thoughtful consideration. We rely on a time and work commitment from board members, and many have expressed how the rewards of impact and legacy make it worthwhile.

Please take some time to review these materials to learn more about Rebuilding Hope! Sexual Assault Center for Pierce County and its Board of Directors. We will be glad to answer any questions you may have. You would also be welcome to visit our offices or a board meeting to meet current staff and board members.

A board member application is included for you to review, complete and submit back to me in order to be scheduled for an informational meeting at your earliest convenience. Applications and inquiries are welcomed throughout the year so candidates can become acquainted with the agency and its leaders. All applications are proposed for consideration by the Board during the December meeting and newly elected Directors are invited to begin terms in January of the following year.

We appreciate your time and hope that we can count on you for continued support of Rebuilding Hope! Sexual Assault Center for Pierce County.

Thank you,

Carlyn Sampson
Executive Director



Member of the Board of Directors Job Description and Expectations

Purpose: To advise, govern, oversee policy and direction, and assist with the leadership and general promotion of Rebuilding Hope! Sexual Assault Center for Pierce County, to support the organization's mission and needs.

Mission: Rebuilding Hope! offers support toward healing through advocacy and therapy for those affected by sexual assault and abuse. Through education and collaboration, Rebuilding Hope improves the community's response to sexual assault and abuse victims and challenges the behaviors and beliefs that promote sexual violence.

Major responsibilities:

- Help determine the organization's mission, vision and values.
- Uphold an ethical and positive culture.
- Attend and actively engage in board and committee meetings and special events, as well engage in communication and other activities that occur in between meetings.
- Participate on one of three committees: the executive committee, finance committee or fundraising committee.
- Select, evaluate and determine compensation for the Executive Director, and ensure executive succession planning.
- Review and approve agency strategy, annual operating and financial plans.
- Monitor and hold management accountable for execution against established plans and budgets and strategic objectives and monitor risk.
- Serve as an external advocate for the organization.
- Review and approve major decisions.

Length of term: Three years beginning the January following the vote of approval for membership, which may be renewed up to a maximum of two consecutive terms, pending approval of the board.

Meetings and time commitment:

- Complete orientation and attend trainings established in annual training plans.
- The board of directors meets every other month on Monday evenings from 4-5:30pm virtually.
- Committees of the board meet once a month.
- Board members are asked to timely respond to emails and attend special events as they are determined.

Expectations of board members:

- Attend and participate in meetings on a regular basis, with an expectation of attending at least 75% of board meetings, trainings and special events as able.
- Participate and engage in board conversations, activities and decisions that occur outside of board meetings.
- Participate on one standing committee.
- Be alert to community concerns that can be addressed by Rebuilding Hopes! mission, objectives, and programs.
- Help communicate and promote our mission and programs to the community.
- Become familiar with our finances, budget, and financial/resource needs and policies.
- Financially support Rebuilding Hope annually in a manner commensurate with one's ability.



Board of Directors Application

Name:

Pronouns:

Date:

(Ex: she/her; he/him; they/them)

Current Employer:

Job Title:

Address:

Phone Number:

Email Address:

SKILLS/TALENTS/EXPERIENCE/CONTACTS (Please check **all** that apply).

- | | | |
|--|---|--|
| <input type="checkbox"/> Legal | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Finance/Investment |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Individuals | <input type="checkbox"/> Budget/Development |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Corporations | <input type="checkbox"/> Human Resources/Personnel |
| <input type="checkbox"/> Local Business | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Education | <input type="checkbox"/> Community Relations |
| <input type="checkbox"/> Board Development | <input type="checkbox"/> Therapy/Counseling | <input type="checkbox"/> Volunteer Management |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> IT | <input type="checkbox"/> Board Diversity
(race, ethnicity, gender identity,
sexual orientation, age,
differently abled, etc.) |

Other:



Please describe your interest in serving on the Rebuilding Hope! Board of Directors:

Please describe your professional background and areas of expertise you wish to lend to Rebuilding Hope:

What other affiliations, past or present, do you have with the agency that is helpful to share?

Are you willing and able to fulfill all the time, participation and financial requirements of Board membership? (Y) _____ (N) _____
If *not*, or if you have concerns about any of the expectations, please share below:

This role requires being actively engaged with the work of Rebuilding Hope, its staff members and its Board. Please explain how you will commit to engaging with the Board and fulfilling the expectations of this role:

Have you ever been accused of/brought up on any kind of ethics, harassment, assault or abuse charges? (Y)_____ (N)_____. If so, please explain:



PLEASE NOTE: Rebuilding Hope requires all agency staff, volunteers and affiliates - including Board members - pass a background check process. Please complete the Washington State Patrol Background Check application form **(Section A only)** on the next page as part of this application.

By signing below, I am confirming that all responses provided in this application are truthful. With this signature, I also agree to uphold the responsibilities and expectations of Rebuilding Hope Board members as described in this application.

SIGNATURE: _____

DATE: _____

PLEASE NOTE: The Executive Committee will contact applicants about nominations to the Rebuilding Hope Board of Directors. All nominees must be voted upon by the full board membership. A nomination does not ensure membership on the Board. Please return this completed form to:

- | | | | |
|----|--|----|---|
| 1) | Carlyn Sampson
101 East 26th St, Ste. 200
Tacoma, WA 98421
Carlyn@hopesacpc.org | 2) | OR an active Rebuilding Hope! Board Member
to present to the Executive Committee |
|----|--|----|---|

RESET

(Clears all Fields in the Form)

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633
Olympia WA 98504-2633
(360) 534-2000
<http://watch.wsp.wa.gov>



REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION BASED ON NAME AND DATE OF BIRTH. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$17.00 CHECK OR MONEY ORDER. FOR REQUEST BASED ON FINGERPRINTS, MAIL A COMPLETED FINGERPRINT CARD AND FEE OF \$26.00. YOU MAY ALSO COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. **NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST BY NAME AND DATE OF BIRTH FOR \$10.00 USING A CREDIT CARD.**

NOTARIZED LETTERS ARE AN ADDITIONAL \$10.00 PER NOTARY SEAL Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

A SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name:
Last First Middle
Alias/Maiden Name:
Date of Birth: Sex: Race:
Month/Day/Year

B REQUESTOR INFORMATION: (Please type or print clearly)

DATE: / / _____
Mo. Day Yr. (print) Name/Title of Requestor Requestor's Signature

Provide e-mail to receive background results electronically. Phone No. ()

E-mail address Password (must be at least 8 characters)

REQUESTOR'S ADDRESS: (type or print clearly)

Name

Address

City State ZIP Code

Subject's Right Thumb Print (Optional)