



Board of Directors Application

Fields marked with * are required.

Mission: The mission of the Survivor Empowerment Center is to end domestic violence and sexual assault in Southern Illinois and to assist survivors of these crimes and their non-offending significant others.

SECTION 1 – CONTACT INFORMATION

Full Legal Name *

Preferred Name

Street Address *

City *

County *

ZIP Code *

Primary Phone *

Alternate Phone

Email Address *

SECTION 2 – COMMUNITY & IDENTITY (Optional)

Do you wish to self-identify as a survivor?

Yes

No

Prefer not to answer

Gender Identity:

Prefer not to answer

Race/Ethnicity:

Prefer not to answer

Age Group:

Prefer not to answer

Pronouns:

Prefer not to answer

SECTION 3 – SKILLS & EXPERIENCE (Check all that apply)

Finance / Accounting

Nonprofit Leadership / Governance

Legal / Compliance

Public Health / Social Services

Fundraising / Development

Advocacy / Public Policy

Marketing / Communications

Technology / Data Systems

Human Resources

Lived Experience Perspective

Other (please specify):

SECTION 4 – MOTIVATION & ALIGNMENT

Use the spaces below. Boxes are scrollable if your response is longer than the visible area.

Why are you interested in serving on the Survivor Empowerment Center Board of Directors for the next three years? *

What skills, experience, or perspective would you bring to strengthen the board? *

On what other boards have you served, and what have been your positive/negative experiences?

What previous charitable/community activities have you participated in?

SECTION 5 – REFERENCES

Reference 1 – Name, Relationship, Phone, Email *

Reference 2 – Name, Relationship, Phone, Email *

Philosophy of Service (All volunteers, including Board members, must uphold and advocate for):

- A survivor-centered approach to services
- We provide as much information as possible and allow survivors to make their own decisions
- We serve clients of all genders and gender identifications
- We are pro-choice in all aspects of women's rights
- We provide our services without judgment or bias
- Our advocacy is on behalf of the survivor as guided by and centered on the survivor
- All services are confidential
- There is never a charge for survivor services

I support the Survivor Empowerment Center's Mission and Philosophy of Service as summarized above and certify that all information provided is accurate.

SECTION 6 – SIGNATURE

Typed E-signature (type your full name) *

Date *

SUBMIT BY EMAIL

Button opens a new email draft. Attach this completed PDF before sending.

Save a copy of your completed application for your records.