# WASHINGTON STATE COALITION AGAINST DOMESTIC VIOLENCE BOARD OF DIRECTORS APPLICATION

# APPLICATION DEADLINE IS JULY 1, 2016

Hand write or click into the box to type			
Name			
Program/Agency			
Address			
Work Phone			
Home Phone			
Cell Phone			
Fax No.			
Email			
If you need assistance filling out this application, please contact our nominating committee chair: Schelli Slaughter at schellis@fscss.org or 360-754-9297; or our board chair: Erinn Gailey at erinn.g@dvsbf.org or 509.735.1295.  I am applying for (Please <b>X</b> one position by clicking in the box or hand writing your answer):			
Member Program Position Please note: You must attach a letter of endorsement from your program director.			
Associate (for people who are not working in a member program)			
Please answer the questions below briefly, but thoroughly. Please type or PRINT CLEARLY your responses. This information will only be shared with the Board of Directors, not the Coalition's membership. (Handwrite OR click inside the box to type)			
1) Why do you w	ant to join the Board of Directors?		

2)	What do you want to get out of your board experience?
3)	What experience, expertise, skills and diversity do you bring? (ie. dv/sa, anti-oppression, linkage
Ο,	to local dv programs, fund development, community organizing, prevention, and/or identification
	as part of a marginalized/underrepresented group, radical voice, last girl perspective.)
ь.	
	ease write a short Bio (150 words or less) about yourself (experience,interests, skills, etc). ease proof carefully, this Bio will be shared with the Coalition's membership prior to our
	nnual meeting.
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#### **Mission Statement**

The Washington State Coalition Against Domestic mobilizes our member programs and allies to end domestic violence through advocacy and action for social change.

ADOPTED <u>May 11, 1991</u> REVISED May 8, 2008

#### **Principles of Unity**

The Washington State Coalition Against Domestic Violence affirms the right of each person to live without fear or the threat of violence. We oppose the use of violence as a means of control. We recognize that oppression in the form of racism, sexism, classism, anti-Semitism, imperialism, ageism, heterosexism, oppression of persons with disabilities and religious oppression, creates a climate of supremacy and ownership which enables domestic and sexual violence.

We recognize that religious beliefs and practices are matters of personal conscience and individual choice. Therefore, no member shall promote or discourage a particular religious belief in the course of her/his work. We believe that all women have the right to autonomy and self-determination regarding all sexual and reproductive matters, lifestyles, finances, education and employment.

We encourage the leadership of women in making policy and program decisions. We are accountable to victims and survivors of domestic and sexual violence. To adhere to the Principles of Unity, each member of the coalition shall ensure that institutional forms of oppression are not perpetuated in policies, practices, services, staffing, and distribution of resources.

ADOPTED January 11, 1990 REVISED March 13, 1996

## Please read and initial the following statements (Hand write OR click in box to type):

	Initials
I have read the Washington State Coalition Against Domestic Violence Mission Statement	
and understand that my work on the WSCADV Board will be guided by this mission.	
I have read and understand the steps involved in the recruitment, election and orientation	
of new board members and agree to participate in this process.	
I have read and understand the "WSCADV Board Membership Guidelines" and will attend	
all meetings, retreats, and committee activities for a minimum of 2 years.	
I will accept the responsibilities of a Board member as outlined in the WSCADV by-laws	
and will uphold all WSCADV by-laws, policies and procedures.	
I agree to fulfill all of the responsibilities associated with being an active member of the	
coalition.	
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I will make an annual financial donation in an amount significant to me (there is no	
minimum or required amount). I understand that the Board is committed to 100% Board	
giving.	

#### (OPTIONAL – you may leave this blank)

The Washington State Coalition Against Domestic Violence is committed to affirmative action and equal opportunity in all of our services and operations. We ask you to fill out the following information in order that we may continue to maintain meaningful diversity on our Board. This form will be kept separate from your application form, and completion of this form is entirely voluntary.

1.	Name:
2.	Location:
3.	Type of Organization: (Check as many as apply)  DV SA VOC CAC Other:
4.	Size of Organization:  ☐ 1-10  ☐ 11-20  ☐ 21-30  ☐ 31-50  ☐ 51+
5.	Position in Organization:       Advocate       Manager       Director       Volunteer         Board Member       Other:
	Title:
4.	
5.	Race/Ethnicity: (Check as many as apply)  African American  Asian or Pacific Islander  Caucasian  Caucasian  Latino/a  Native American  Other
6.	Gender Identity:
7.	What other/underserved/marginalized/unseen/radical group do you identify with?  LBGTQ Survivor of DV/SA Disability Immigrant/Refugee Person of Color In Recovery Religion/Faith: Other:

### Please return all parts of this application by July 1, 2016, to:

Washington State Coalition Against Domestic Violence

711 Capitol Way, Suite 702

Olympia, WA 98501 Attn: Sandi Scroggins

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Email: sandi@wscadv.org

Phone: 360-586-1022, Ext. 300

Fax: 360-586-1024