



Prevent Child Abuse \_\_\_\_\_ County  
**Potential Council Member Profile**

*Please assist us by completing this form. The information will remain confidential.*

Name \_\_\_\_\_ Today's date \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail #1 \_\_\_\_\_ Email #2 \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Preferred method(s) of contact (*check all that apply*): \_\_\_ Home phone \_\_\_ Work phone \_\_\_ Cell Phone \_\_\_ Email \_\_\_ Postal mail

Employer \_\_\_\_\_ Title \_\_\_\_\_

**SKILLS & BACKGROUND**

1. Have you ever served on a nonprofit board or committee?  yes  no If yes, tell a little about your experience(s).

2. Please tell about your volunteer and/or employment experience:

3. Please list leadership experience or positions held, education & training:

4. Other charitable/civic activities in which you are currently actively engaged:

5. Would you be willing to undergo a criminal background check? \_\_\_ yes \_\_\_ no

### SKILLS SELF-ASSESSMENT

Please take a few moments to complete this assessment. First, place a checkmark by those areas or fields in which you have experience, skills, talents, and knowledge, or resources and community linkages available to you, which you would be willing to use on behalf of Prevent Child Abuse.

Second, for each of the items marked, please rate the degree of your level of knowledge, skill, experience, contacts etc., from 1 through 5, with 1 designating a "beginners" level, and 5 designating an "expert". Please place the number to the right of the item.

Functional Skills / Experience	Leadership / Interpersonal
<input type="checkbox"/> Financial Management	<input type="checkbox"/> Problem Solving
<input type="checkbox"/> Fund Raising	<input type="checkbox"/> People Leadership
<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Motivation
<input type="checkbox"/> Information Technology	<input type="checkbox"/> Team Building
<input type="checkbox"/> Engineering / Facilities Mgmt.	<input type="checkbox"/> Group Facilitation / Process
<input type="checkbox"/> Quality Control/Improvement	<input type="checkbox"/> Board Retreats
<input type="checkbox"/> Performance production	<input type="checkbox"/> Management
<input type="checkbox"/> Legal / Law	<input type="checkbox"/> Other _____
<input type="checkbox"/> Project Management	
<input type="checkbox"/> Marketing	Community Linkages
<input type="checkbox"/> Communications	<input type="checkbox"/> Not for Profits
<input type="checkbox"/> Public Relations	<input type="checkbox"/> Church / Parish / Temple
<input type="checkbox"/> Media Relations	<input type="checkbox"/> Community Leaders
<input type="checkbox"/> Special Event Planning	<input type="checkbox"/> Corporate Leaders
<input type="checkbox"/> Strategy Development	<input type="checkbox"/> United Way
<input type="checkbox"/> Strategic Planning	<input type="checkbox"/> Banking
<input type="checkbox"/> Human Resources	<input type="checkbox"/> Government
<input type="checkbox"/> Training	<input type="checkbox"/> Schools / Education
<input type="checkbox"/> Volunteer Recruitment	<input type="checkbox"/> Hospitals / Health
<input type="checkbox"/> Board / Council	<input type="checkbox"/> Social Organizations
<input type="checkbox"/> Other _____	<input type="checkbox"/> Foundations
	<input type="checkbox"/> Printing Services
	<input type="checkbox"/> Other _____

## YOUR INTEREST AND EXPECTATIONS

1. What interests you about serving as a community advocate?
2. What interests you in particular about working with Prevent Child Abuse?
3. What would make for a truly satisfying volunteer experience for you?
4. How would Prevent Child Abuse benefit from your participation?
5. What skills would you most like to learn or improve in working with Prevent Child Abuse?
6. What activities (promotion, budgetary/ financial oversight, fundraising, strategic planning) would be of most interest to you?
7. What kind of work do you hope you don't have to do as a member of Prevent Child Abuse?
8. Would you make a personal financial contribution at a level that is meaningful to you?  yes  no
9. In terms of resource development, are you (Check all that apply):
  - Willing to make material contributions?
  - Willing to contribute services?
  - Willing to help raise money?
  - Willing to assist at events?
  - Willing to organize events?

Please list three personal or professional references who have known you for at least three years, and who would be willing to speak with us about your abilities as they relate to volunteering with Prevent Child Abuse.

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail #1 \_\_\_\_\_ Email #2 \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail #1 \_\_\_\_\_ Email #2 \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail #1 \_\_\_\_\_ Email #2 \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

How do you know this person? \_\_\_\_\_

***I certify that the information provided on this application is true and accurate to the best of my ability.***

\_\_\_\_\_  
Signature Date