



Working Against Violence for Everyone

Board of Directors Application Form

Should you become a board member of the nonprofit the following information will be shared with state/federal agencies and funders.*

Preferred Name:

*Legal Name:

Phone Number:

Alt Phone number:

*Mailing address: PO Box Petersburg, AK 99833

Your email address:

*Race/Ethnicity:

*Please list any current employers, businesses, nonprofits, boards, or community organizations you are involved with, along with your role in each (for example: employer and job title, board member, volunteer, consultant).

Please describe the skills, professional experience, or areas of expertise you would bring that would strengthen the Board and support our organization's mission. Examples may include leadership, finance, fundraising, planning, marketing, legal knowledge, community connections, or other relevant experience.

What would you like to get out of your participation on the Board? Please share any experiences, skills you hope to develop, interests you'd like to explore, or ways you hope this role will be meaningful for you.

submit applications to waveboard@petersburgwave.org