



# BOARD MEMBER APPLICATION PACKET



## **Purpose of the Board of Directors**

To advise, govern, oversee policy and direction, assist with leadership and general promotion of the Tri-County Crime Stoppers of Minnesota, Inc so as to support the organization's mission and needs

## **Mission Statement**

The mission of the Tri-County Crime Stoppers of Minnesota, Inc., is to promote public participation in the apprehension of criminals and the prevention of criminal activity.

## **Major Responsibilities**

1. Organizational leadership and advisement.
2. Organization of the board of directors, officers and committees.
3. Development and oversight of policies and procedures.
4. Financial management including adoption and oversight of the annual budget.
5. Approval of rewards.
6. Selection, support and assessment of the Executive Board.
7. Ongoing review of organizational and programmatic reports.
8. Promotion of the organization in the community.
9. Fund-raising and outreach.

Members of the board share these responsibilities while acting in the best interest of Crime Stoppers. Each member is expected to make recommendations based on his or her experience and vantage point in the community.

## **Meetings and Time Commitment**

1. The board meets on the 2nd Thursday of every month at 12:00 p.m and last about 1 hour. Meetings are typically held at the St. Cloud Police Department unless otherwise stated.
2. Board members are expected to miss no more then three consecutive meetings and are to notify a member of the Executive Committee when they cannot attend a meeting. If a board member does not notify a member of the Executive Committee, his or her absence will be marked as unexcused. Three unexcused absences may result in removal from the board.

## **Expectations of Board Members**

1. Prepare for, attend and actively participate in meetings on a regular basis and special events as able.
2. Be alert to community concerns that can be addressed by Crime Stoppers' mission and objectives.
3. Help communicate and promote Crime Stoppers' mission to the community.
4. Become familiar with Crime Stoppers' finances, budget and financial/resource needs.
5. Financially support Crime Stoppers as much as possible and encourage others to join you with their support.

Thank you for your interest in serving the Tri-County Crime Stoppers of Minnesota, Inc which serves the counties of Stearns, Benton, and Sherburne. Your completion of this application is necessary so that the elections committee can review each application as part of their consideration for Crime Stoppers board appointments.

## Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

## Employment

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Length of Employment \_\_\_\_\_

## Criminal History

Have you ever been arrested or convicted of any crime?

Yes  No

If Yes, Explain

## References

Please list two references below (business and/or personal). References must not be family members.

Last Name \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

First Name \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Please tell us about your educational background

Please tell us about your work experience

What are some of your interests/activities?

What other community involvement have you had?

What is your reason for wanting to join the Tri-County Crime Stoppers?

## **ADDITIONAL INSTRUCTIONS**

NOTE: Please complete and save this form. Then email the completed form to the address below. If you have any questions concerning the duties and responsibilities of any of the Tri-County Crime Stoppers of Minnesota, please contact the Coordinator at the below contact information. If printing this packet, please do not print double sided.

Joseph Rick  
Coordinator  
P.O. Box 545  
St. Cloud, MN 56302-0545  
Phone: 320-247-4424

Email: [Coordinator@TriCountyCrimeStoppers.Org](mailto:Coordinator@TriCountyCrimeStoppers.Org)  
Website: [www.TriCountyCrimeStoppers.org](http://www.TriCountyCrimeStoppers.org)

### **Application Submission Agreement**

I hereby request to be considered for membership on the Tri-County Crime Stoppers of Minnesota, Inc Board of Directors. The information I provided on the previous pages is complete to the best of my knowledge. Any discrepancies found in the information will be reviewed and a follow up contact may be necessary. I am also aware that any untruths-truths found in the information will be grounds for immediate disqualification in continuing further in the selection process or my removal from the board. **SUBMISSION OF THIS APPLICATION DOES NOT CONSTITUTE ACCEPTANCE AS A BOARD MEMBER.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

AUTHORITY FOR RELEASE OF BACKGROUND  
INVESTIGATION INFORMATION

I, \_\_\_\_\_, hereby authorize and grant my informed consent to permit the Tri-County Crime Stoppers of Minnesota and/or its agents/representatives to release information obtained from sources including, but not limited to employment records, criminal history, personal references, family members and other contacts during the course of the required background investigation to:

Tri-County Crime Stoppers of Minnesota, Inc  
P.O. Box 545  
St. Cloud, MN 56302

For purposes associated with determining my suitability for employment as a Board Member.

This authorization shall be valid for a period of one year from the date signed. You reserve the right to cancel this authorization at any time prior to that expiration by providing written notice to the Tri-County Crime Stoppers.

Please use the box below to enter any previous names and/or aliases you have been known as (ex. maiden or other previous legal names).

Driver's License # \_\_\_\_\_

Date of birth: \_\_\_\_\_

State Issued \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_