

Thank you for your interest in serving on the Board of Directors of the Child Advocacy Center of Oswego County (CAC)! We are looking for dedicated, hardworking and enthusiastic Board Members to help carry out the mission of the CAC to provide a safe, child-friendly environment that supports a timely, multi-disciplinary response to child sexual abuse, physical abuse and trauma, and promoted healing of victims and their families.

Since our Board of Directors has a limited number of open positions at any given time, and often may need a particular skill set for an open position, in the event you are not selected, we hope that you'll consider participating on one of our committees and become an engaged and active member of our community.

Please complete and return the following documents:

- Application for Board Membership
- Individual Board Member Profile Matrix

Please return all completed forms to: Child Advocacy Center of Oswego County
163 S 1st St
Fulton, NY 13069

Once we receive your completed forms, the Nominating Committee will review your application at the next scheduled meeting or via email distribution.

We look forward to learning more about you and your interest in fighting child abuse.

Thank you,

Doran Edmond
Nominating Committee

Karrie D. Damm, LMFT
Executive Director

BOARD MEMBERSHIP JOB DESCRIPTION

Purpose: To advise, govern, oversee policy and direction, and assist with the leadership and general promotion of the Child Advocacy Center of Oswego County so as to support the organization's mission and needs.

Mission: The mission of the Child Advocacy Center of Oswego County is to provide a safe, child-friendly environment that supports a timely, multi-disciplinary response to child sexual abuse, physical abuse and trauma, and promotes healing of victims and their families.

***Major Responsibilities:**

- Organizational leadership and advisement
- Organization of the board of directors, officers, and committees
- Assists in carrying out fiduciary responsibilities of the board
- Formulation and oversight of policies and procedures
- Financial management, including adoption and oversight of the annual budget
- Oversight of program planning and evaluation
- Reviews organizational and programmatic reports
- Communicate and promote CAC Foundation's mission and programs to the community.
- Participates in fundraising and outreach for the organization

** Members of the board share these responsibilities while acting in the interest of the CAC.*

Length of term: Three years, which may be renewed up to a maximum of three consecutive terms, pending approval of the board.

Meetings and time commitment:

- The board of directors meets monthly on the fourth Monday of the month, 4:00 p.m., at the CAC. Meetings typically last 90 minutes.
- Committees meet as deemed necessary, pending their respective goals.
- Board members are asked to attend special events.

Expectations of board members:

- Attend and participate in meetings, and special events.
- Participate on a standing committee of the board, and serve on ad-hoc committees as necessary.
- Be alert to community concerns that can be addressed by the CAC mission, objectives, and programs.
- Communicate and promote the CAC mission and programs to the community.
- Become familiar with the CAC finances, budget, and financial/resource needs.
- Understand the policies and procedures of the CAC.
- Financially support the CAC annually in a manner commensurate with one's ability.



APPLICATION FOR BOARD MEMBERSHIP

Thank you for your interest in becoming a CAC Board member. Please fill out the information below and include a copy of your resume with your application. We are an Affirmative Action/Equal Opportunity Employer. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, disability, marital status, veteran status, or any other legally protected class or status. Given the nature of our business, we ask for personal identification in order to conduct background checks.

CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____

Occupation: _____ Years at Current Job: _____

Why are you interested in serving as a CAC Board member?

Please list your past and present memberships on boards, committees and organizations (business, civic, community, fraternal, political, professional and social):

Please describe any other volunteer experience:

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Please mark the skills and/or interest you bring to our board:

Finance/Accounting	Business Management	Human Resources
Volunteer Management	Fundraising	Grant Writing
Administration	Outreach/Advocacy	Nonprofit Experience
Policy Development	Legal	Banking
Public Relations	Marketing/Social Media	Web Design
Event Planning	Strategic Planning	Medical/Healthcare

Other unique talents or skills you bring as a board member:

Committee interests: (audit/finance, planning and program evaluation, donor relations, nominating)

Are you willing to make an annual contribution to the organization according to your means?

Time commitment: Board meetings are held once a month for usually 1.5 hours. Each board member is also expected to serve on a committee that would meet as deemed necessary. In addition, board members are asked to attend 4-6 events throughout the year. Can you reasonably commit this amount of time?

INDIVIDUAL BOARD MEMBER PROFILE MATRIX

		Self-Identified Board Strengths
Areas of Expertise/Skills (All)		
Advocacy/Public Policy		
Business Analysis/Planning		
Finance/Accounting		
Fundraising/Fund Development		
Board Governance		
Board Development		
Human Resources		
Legal Expertise		
Marketing/Public Relations		
Mission Specific Expertise		
Nonprofit Mgmt./Compliance		
Grant Writing		
Social Media		
Strategic Planning		
Technology		
Trauma-Informed Care		
Membership Engagement		
Event Planning		
Volunteer Management		
Other:		
Connections (All)		
Access to Corporate Support		
Access to Government Support		
Access to Foundation Support		
Access to Volunteers		
Access to Law Enforcement		
Access to Media		
Familiar with Healthcare Ind.		
Familiar with Mental Health Field		
Academia Connections		
Social Services		
Personal Capacity to Give		

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Connections (All) cont.		
Religious Organizations		
Arts and Culture		
Philanthropy		
Experience with Small Business		
Other:		
Qualities (All)		
Critical thinker/Problem Solver		
Connector/Team Builder		
Entrepreneur		
Leader/Mentor		
Motivator		
Visionary		
Other:		
Region of Influence in NY		
Fulton Region		
Oswego Region		
Phoenix Region		
Pulaski Region		
Central Square Region		
Mexico Region		
APW/Sandy Creek Valley Region		
Hannibal Region		
Gender (Self)		
Male		
Female		
Transgender		
Age (Self)		
19-25		
26-40		
41-50		
51-65		
Over 65		
Race/Ethnicity (Self)		
African/African-American		
Asian/Pacific Islander		
Hispanic/Latino		
Native American		

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Race/Ethnicity (Self) cont.		
White		
Mixed race		
Other:		



**CONSENT TO PERFORM INVESTIGATIVE CONSUMER REPORT
IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

Last Name First Name Middle Name or Initial

Maiden or other name(s) used in any and all other records of birth or records of residence.

* Address Apartment or #

City County State Zip

** Date of Birth Social Security Number **Gender **Race

***AS SHOWN ON THE ORIGINAL APPLICATION**

****TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.**

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize the Employer and its agent, at any time during or subsequent to my application process, to conduct an investigative consumer report that may include, but are not limited to, a criminal record check, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby consent to Employer's use of any information provided on this form or during the application process in performing the investigative consumer report. Employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. I agree to release, indemnify and hold harmless Employer and any reporting agency Employer uses with regard to any information reported by the reporting agency. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name, address, and phone number of the agency which provided the information. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of Employer. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. I acknowledge that facsimile, copy or email shall be as valid as the original.

The following are my responses to questions about my criminal history (if any).

1. ___YES ___NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).

If yes, please provide details below.

State: County: Date of Offense: / /

Details of conviction: _____

2. ___YES ___NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?

If yes, please provide details below.

State: County: Date of Offense: _____

Details of offense: _____

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3. YES NO Have you ever received probation or community supervision for any federal, state or municipal offense?
If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of supervision: _____

4. YES NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?
If yes, please provide details below.

Country: _____ City: _____ Date of Offense: _____

Details of conviction: _____

5. YES NO As of the date of this consent form, do you have any pending charges against you?
If yes, please provide details below.

State: _____ County: _____ Date of Arrest: _____

Details of pending charges: _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN

COUNTY

STATE

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING ANY OFFERS OF EMPLOYMENT OR TERMINATING EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

Signed this _____ day of _____, _____.

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____