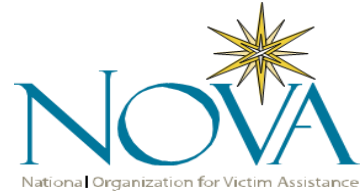


# National Organization for Victim Assistance

## Board of Directors Member Nomination Form



All nomination forms for the 2020 board elections must be received by 5:00 pm. EST, Friday, May 29, 2020.

Applicants will be interviewed and notified of candidacy status at least thirty days prior to the election, which will be held at the annual membership meeting on Wednesday, July 29, 2020.

Application information and reference names (without contact information and reference details) may be made available and posted on-line for NOVA membership review. Applicant must provide at least two references – one from a NOVA Member or Affiliate and one from a person who knows the applicant in his/her professional capacity.

**Applicant Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Organization Name:** \_\_\_\_\_  
**Primary Phone:** (\_\_\_\_) \_\_\_\_\_ (circle one: work/home/cell)  
**Secondary Phone:** (\_\_\_\_) \_\_\_\_\_ (circle one: work/home/cell)  
**Address:** (circle one: work/home) \_\_\_\_\_  
**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Email:** (circle one: work/home) \_\_\_\_\_

**1. I am seeking election to the NOVA Board of Directors and affirm that I meet all the qualifications and requirements by initialing each statement below:**

**If elected, I affirm that...**

- \_\_\_\_\_ I am a NOVA member in good standing and will sign the Conflict of Interest statement.
- \_\_\_\_\_ I will support NOVA's mission and purposes and contribute positively to these efforts.
- \_\_\_\_\_ I will bring a collaborative and cooperative spirit to the Board of Director meetings.
- \_\_\_\_\_ I am willing to attend Board meetings, usually held twice at the NOVA offices located in Alexandria, Virginia and once at the annual conference/training event held in August, and I understand that attendance is at my own expense.
- \_\_\_\_\_ I will participate in teleconferences and/or Adobe Connect meetings as necessary to conduct Board business.
- \_\_\_\_\_ I will commit to active participation as I fulfill a four-year term.
- \_\_\_\_\_ I will support a Crime Victim Rights Amendment to the United States Constitution.
- \_\_\_\_\_ I understand that, as a Board member, I am expected to participate in fundraising efforts and to encourage financial contributions, membership expansion and other facets of the organization as needed by the Executive Director.

**2. Please provide details to address your background and qualifications to be a NOVA Board member. (Include additional pages if necessary.):**

*Please include Educational and Work Experience as well as any information which supports your application to the NOVA Board.*

**3. In what capacity have you been involved with NOVA (Initial all that apply):**

I am a current member. \_\_\_\_\_ Type of Membership: \_\_\_\_\_

I was a member in the past. \_\_\_\_\_ Type of Membership: \_\_\_\_\_

I have attended a NOVA conference. \_\_\_\_\_

I have attended a NOVA Training. \_\_\_\_\_

I have been a NOVA-trained Crisis Responder. \_\_\_\_\_

I have been credentialed through NACP \_\_\_\_\_ and/or through D-SAACP. \_\_\_\_\_

I have other involvement with NOVA (please specify):

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**4. Have you ever served on or been affiliated with any other Boards? Yes/No If so, please list the organization(s) and the length of service below.**

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**5. Please list your anticipated contributions to the mission of NOVA.**

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The following two people support my candidacy for the Board and may be contacted as references. I will be providing the attached reference forms to my contacts to be filled out and returned for consideration.

NAME of <b>NOVA MEMBER REFERENCE:</b>		TITLE:	
ORGANIZATION NAME:		PHONE:	FAX:
ADDRESS:			
CITY:	STATE/PROVINCE:	ZIP / POSTAL CODE:	COUNTRY:
EMAIL ADDRESS:			
NAME of <b>PERSON WHO KNOWS ME IN A PROFESSIONAL CAPACITY:</b>		TITLE:	
ORGANIZATION NAME:		PHONE:	FAX:
ADDRESS:			
CITY:	STATE/PROVINCE:	ZIP / POSTAL CODE:	COUNTRY:
EMAIL ADDRESS:			

**NOTE: Please provide the reference forms (see next two pages) to your two references. They may also be downloaded by your references at [www.trynova.org](http://www.trynova.org) under the Board of Directors tab.**

**The National Organization for Victim Assistance  
Board of Directors Applicant Reference Form**

Please provide the following reference information:

Name of Applicant: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ (circle one: home / work)

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

How long have you known the applicant?

In what context(s) have you worked with the applicant?

What qualities do you feel the applicant will bring to the position of NOVA board member?

Do you have any concerns about the applicant serving as a NOVA board member, either for the applicant or for NOVA?

***Please submit this reference form via email to Sean Smith at:***

*SeanSmith@trynova.org*

***Or you may mail your reference to: NOVA***

*ATTN: Ms. Patricia Payne  
510 King Street, Suite 424  
Alexandria, VA 22314*

**The National Organization for Victim Assistance  
Board of Directors Applicant Reference Form**

Please provide the following reference information:

Name of Applicant: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ (circle one: home / work)

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

How long have you known the applicant?

In what context(s) have you worked with the applicant?

What qualities do you feel the applicant will bring to the position of NOVA board member?

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***Please submit this reference form via email to Ms. Patricia Payne at:***

*SeanSmith@trynova.org*

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*ATTN: Ms. Patricia Payne*

*510 King Street, Suite 424*

*Alexandria, VA 22314*