

**National Organization for Victim Assistance
Board of Directors Member Nomination Form**



All nomination forms for the 2021 Board Elections must be received by 5:00pm EST, Friday, June 15, 2021.

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 in July, 2021.

Application information and reference names (without contact information and reference details) may be made available and posted online 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.
- _____ 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 sign the Conflict of Interest Statement.
- _____ 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):

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.

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

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 NOVA MEMBER REFERENCE :		TITLE:	
ORGANIZATION NAME:		PHONE:	FAX:
ADDRESS:			
CITY:	STATE/PROVINCE:	ZIP / POSTAL CODE:	COUNTRY:
EMAIL ADDRESS:			
NAME of PERSON WHO KNOWS ME IN A PROFESSIONAL CAPACITY :		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 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 Ms. Patricia Payne at:

BoardSubmissions@trynova.org or PatriciaPayne05@comcast.net

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?

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Alexandria, VA 22314*