

Application-Board of Directors
Huron County Crime Stoppers

Date: _____
Name: _____
Address: _____
Date of Birth: _____
Telephone: (H) _____ (W) _____
E-Mail Address: _____
Referred by (if applicable): _____

Please list the names of the organizations you are now, or have been a member of:

Organization	Position Held
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____

Please list below your present and past employment, including address of business

Date	Employer Name	Position Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If accepted to the board, please indicate date that you can start: _____

List special skills, interests or hobbies: _____

If accepted, would you be willing to take an Oath of Secrecy? _____

What language do you speak? _____

What do you feel that you can contribute that would benefit the Crime Stoppers program? _____

*****ALL APPLICANTS TO THE BOARD OF DIRECTORS OF CRIME STOPPERS OF HURON COUNTY INC. MUST BE CLEARED BY A POLICE CHECK PRIOR TO BEING ACCEPTED BY THE BOARD*****

Date: _____ Signature: _____