

**CRIME STOPPERS OF RACINE COUNTY
APPLICATION: PROSPECTIVE BOARD MEMBERS**

Return completed application to:

Crime Stoppers of Racine County; PO Box 081245; Racine, WI 53408-1245



1. Name: _____
2. Maiden Name or Other Names Previously Used: _____
3. Date of Birth: _____
4. Drivers License Number: _____
5. Employer: _____
6. Number of years with current employer: _____
7. Business Address: _____
8. Business Telephone Number: _____
9. Business Fax Number: _____
10. E-mail Address: _____
11. Home Address: _____
12. Home Telephone Number: _____
13. Cell Phone Number: _____
14. If retired, previous employer: _____
15. Please list other organizations with which you are involved: _____

16. Have you been an officer in any of the above listed organizations?
Yes _____ No _____
17. If yes, which ones and in what capacity? _____

18. Have you had experience with a Crime Stoppers Program elsewhere?

19. If yes, please describe: _____

20. Name(s) of the Crime Stoppers Board Member recommending the prospective nominee for voting position on the Board of Directors: _____

21. Have you ever been convicted of a misdemeanor or felony which carried a possible incarceration in a jail or prison? Yes _____ No _____

22. If "YES" to 21 above, please list Crime, Court, Date, and Sentence. _____

23. Within the past ten (10) years have you been placed upon or received a probation, diversion program, deferred adjudication or deferred disposition for any criminal offense (other than a fine-only traffic offense)? Yes _____ No _____

24. If "YES" to 23 above, please list Crime, Court, Date, and Disposition. _____

25. Will you consent to a criminal history check to be conducted on you by the law enforcement agency partner of Crime Stoppers?

If "YES", sign here: _____

If "NO", please attach to this Questionnaire a certified copy of your criminal history check which has been performed by a law enforcement agency at your request.

The above information is true and correct, and I hereby authorize Crime Stoppers of Racine County and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations, and all public records for the purpose of confirming the information contained on this Questionnaire/Application and/or obtaining other information that may be material to my qualifications now, or, if applicable, during the tenure of my membership or service with the Crime Stoppers of Racine County organization. By signing this document, I release Crime Stoppers of Racine County from any liability for any opinion(s) it may form or any decision it might make regarding my qualifications to serve on the organization's board of directors.

Applicant's Signature _____

Date: _____