



Date: _____

MEMBERSHIP FORM

Name: _____

Home Address: _____

Personal Number: _____ E-Mail: _____

Emergency Contact: _____

Business: _____ Phone: _____

Business Address: _____ Phone: _____

BOARD MEMBER JOB DESCRIPTION:

1. Serve on the Board of Directors for a three year term
2. Commit to approximately 2-3 hours monthly to a Crimestopper Program.
The Board meetings are held the last Wednesday of each month from 4-5PM at the Police
.....building located atLincoln Park Dr., Decatur, IL 62522.
3. Assist in making pay-outs of awards 1-2 times yearly.
4. Serve as an active fundraiser for the Crimestoppers program.
5. Serve on at least one **working** committee.
6. Maintain confidentiality of Crimestoppers case information, records and other Crimestopper
business.

.....

Would you be interested in serving on the Crimestopper Board? Why or why not?

Can you fulfill the requirements of the Directors job description?

What do you think you can contribute to this board?

Are you aware of any potential conflicts of interest if you are elected to serve on the Crimestopper Board?

What is your current Community involvement?

What has been your current community involvement in the past?

When would you be able to serve?

Do you have any questions currently?

Thank you for your interest and cooperation.

Mail to Teri Hammel, 202 E. North Street, Decatur, IL 62523

Signature

Date



Decatur - Macon County Area
Crime Stoppers
Phone 423-8477



Decatur and Macon County Area Crime Stoppers, Inc.

Conflict of Interest Statement

I agree to readily disclose any potential conflict of interest, making it a matter of record, either through an annual procedure or when the interest becomes a matter of board action.

I agree that I will not vote or use my personal influence on any matter, which might constitute a conflict of interest. I will ensure the minutes of any meeting where this might occur will duly show that I have abstained from voting due to the potential of or occurrence of a conflict of interest.

I understand that I may state my opinion or position on any matter described above, or answer pertinent questions to which I may lend my expertise so long as I absent myself from a board vote on the matter.

Name _____

Signature _____

Date _____



Decatur - Macon County Area

Crime Stoppers

Phone 423-8477



Commitment Letter

I _____ agree to serve as a member of the board of directors Crime Stoppers Decatur & Macon County Area. I understand the following and agree to:

- ___ Abide by the By-laws of the organization
- ___ Attend all the meetings of the Board, including special meetings, unless excused
- ___ Participate in Public Recognition Events, unless excused
- ___ Participate in assigned committees
- ___ Participate in fund raising events in some capacity
- ___ Avoid any conflict of interest or appearance of conflict
- ___ Participate in short and long range planning activities
- ___ Ensure effective fiscal controls and accountability
- ___ Approve the annual budget
- ___ Ensure the organization meets all legal and corporate requirements
- ___ Abide by the Duties of Care, Honesty, Loyalty, and Integrity

I agree that if, at any time, I am unable to fulfill the commitments of a member of the Board of Directors, I will give appropriate notice of resignation to the President of the Board.

Name

Signature

Date