

**THE MAYOR'S
VICTIM ASSISTANCE ADVISORY COUNCIL APPLICATION**



403 WEST 10TH STREET JACKSONVILLE, FL 32206 PHONE: (904) 630-6300 FAX: (904) 630-0770

NAME: _____ PHONE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS/AGENCY/ORGANIZATION NAME (if applicable)

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Email: _____

If you have a current resume, please attach it to your application. If we have asked for information that is not included on your resume, please complete the following as appropriate:

EMPLOYMENT HISTORY

<u>Dates: From</u>	<u>To</u>	<u>Position</u>	<u>Company</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OTHER BOARD OR COUNCIL AFFILIATIONS
(Past or Present)**

<u>Dates: From</u>	<u>To</u>	<u>Position</u>	<u>Company</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL MEMBERSHIPS

OTHER VOLUNTEER EXPERIENCE

EDUCATION

REFERENCES

Why do you want to serve on the Mayor's Victim assistance Advisory council?

What skills do you bring to the VAAC Council?

What is your primary area of interest?

_____ Long Range Planning _____ Public Relations/Media
_____ Fund Raising _____ Public Speaking

VAAC MISSION
To enhance and expand Victim's Rights through community
Collaboration and Awareness

AGREEMENT

I am willing to meet the minimum requirements for council member as follows:

- Attend a minimum of nine (9) council meetings annually advising the VAAC- Coordinator in advance if I am unable to attend.
- Actively serve on a minimum of one standing committee.
- Engage in volunteer services to the VAAC in any of the following ways:
 - a. speak at schools, civic clubs, etc.
 - b. participate in radio, television, and newspaper interviews.
 - c. attend and support all VAAC fundraisers and special events.

I grant the VAAC permission to investigate my references and release them from any and all liability resulting from such investigation.

I am committed to the philosophies of VAAC as stated in the Mission Statement. I understand that I must abide by the VAAC Bylaws and that failure to do so may result in termination from the VAAC Council.

Signature **Date**

Amended 5/11/06 grr

