



Rape Victim Advocacy Program

320 S. Linn Street
Iowa City, IA 52240
319-335-6001

ADVISORY BOARD APPLICATION

Date: _____

Name: _____

Home Address: _____

Work Address: _____

Preferred mailing address: Home or work? _____

E-mail: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Preferred contact method: Email or phone? (*specify phone*) _____

6. Is there a particular issue or area you are interested in?

7. Membership on the RVAP Board may require up to 8 hours per month of your time. The Board meets monthly for up to two hours. Other activities include working on committees, consultation, and educating people in the community about RVAP and the issues. We ask that people make a three year commitment. Could you make this commitment?

I am interested in being on the Advisory Board of the Rape Victim Advocacy Program.

Signature

Date

Please return this application and signed confidentiality agreement to: RVAP, 320 S. Linn Street, Iowa City, IA 52240. If you have questions, please call 335-6001.

Thank you for your interest.