

## KCADV Board member Application

This application shall be used by any Associate, Affiliate or Individual Member of KCADV that wishes to be considered for a position on the KCADV Board of Directors whether as part of the regular election process at the annual meeting or to fill a vacancy as per the bylaws. The application should be submitted to the KCADV Nominating Committee prior to the first day of the meeting in which the election shall take place.

KCADV does not discriminate on the basis of race, color, national origin, ethnic origin, religion, creed, age, physical or mental disability, veteran status, uniformed services, political belief, gender, gender identity, gender expression, sexual orientation, pregnancy or other health status, social or economic status, citizenship, immigration status, marital status, or language spoken.

### Member Information:

Name of Associate, Affiliate or Individual Member: Kecia Copeland

[keciacopeland34@gmail.com](mailto:keciacopeland34@gmail.com)

502.275.8348 Cell

Name of designated point of contact(POC) for purposes of this application:

POC Email:

POC Phone:

Cell Home Work

### Applicant Interest:

What skills, knowledge, expertise, or experience will you and/or your organization bring to the table?

A survivor, a speaker to local organizations, work with organizations that acknowledge domestic violence and the need to educate our youth who are at the front impact of such occurrences. I am the Executive Director for Our Commonwealth and the Chairwoman for I am HER, which works to educate women on awareness, where to get help and how they can survive and live a successful life. We make sure that the victims can get the education on DV to make it and that it comes from experts in the field. DV is my passion. I want women and men to know about programs that KCADV have available, programs available to them and how they

DRAFT

can make a change by continuously keeping up with laws and new laws that may impact those trying to get out of a situation, life is threatened or how to remain a survivor. We have a great Sheriff and Police Department. I have a voice with them and can always discuss my concerns or ask for their support on particular bills and programs that we may host.

How do your values and/or the values of your organization support or intersect with those of KCADV?

My values align with KCADV by supporting the principles, the mission and the vision. My community knows that Domestic Violence is very important to me and that I go out of my way to communicate and educate our community and the nearby counties that surround me. I believe survivors have a voice and have a right to live a life free of violence. I believe that DV is a crime and that justice must be prevailed to protect the victim of a violent act. I believe that we have to be proactive, and have effective measures to make sure we can work with our lawmakers that we have the ears of our justice system as well as our elected officials. Counseling is very important for our children that have to go through such an ordeal. Support is needed from all facets to make sure the family remains intact and able to move positively as one. Furthermore, my belief coincides with that of our organization that DV in communities hold a responsibility to support the rights of those affected by DV and to hold the perpetrators responsible for their actions.

---

---

---

DRAFT

**The following are requirements for a position on the KCADV Board of Directors:**

1. Must be a current Member of KCADV in good standing.
2. Official Representative (or Individual Member as appropriate must be no less than 21 years of age.
3. Is committed to ensuring the financial sustainability of the Coalition.

4. Understands that if the Representative (or Individual Member as appropriate) fails to attend three consecutive Board Meetings, it is grounds for automatic relinquishment of the Board position.
5. Is committed to serving on Board committees as assigned.

By signing below, the Associate, Affiliate, or Individual Member is expressing interest in joining the KCADV Board of Directors and understands the requirements and commitments as outlined above.

Kecia Copeland

---

Signature of Authorized Agency Representative or Individual Member as appropriate

Printed Name

Kecia Copeland

04.13.2020

Date

---

DRAFT

---