



Board of Directors Nomination Form

At South Carolinians for Alternatives to the Death Penalty (SCADP), our mission is to abolish the death penalty and catalyze criminal justice reform in South Carolina. In doing this work, we rehumanize those on death row; mobilize local communities through education about SC's death penalty; advocate with power holders and stakeholders to abolish capital punishment; and restore system-impacted persons (victim family members, death row family members, death row survivors, law enforcement, etc.) to a place of healing and stability through storytelling and connection to social services.

Section 1: Your Contact and Background Information

Name: _____

Date: _____

Pronouns: _____

Residence address: _____

Email: _____

Phone: _____

Occupation : _____

Please list relevant education, training, degrees, or certificates:

Section 2: Mission Alignment

In what ways have you interacted with anti-death penalty work or related organizations?

Why would you like to join our Board of Directors?

How do you feel SCADP would benefit from your involvement on our Board?

Section 3: Governance

Please provide the name up to three (3) boards or committees on which you have served (business, civic, community, fraternal, political, professional, recreational, religious, social):

Organization	Role/Title	Dates of Service
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Do we have your permission to contact the organizations above to ask about your board service with them?

Yes No Not Applicable

Please list any groups, organizations, or businesses that you could serve as a liaison to on behalf of SCADP.

In 2025, Board meetings will be scheduled for the first Wednesday of **every other** month from 6:00pm to 7:00 PM.

Are you available at this time? Yes No

Skills, Experience, and Interests with SCADP (Please Circle all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Board Development | <input type="checkbox"/> Staffing/HR |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Program Development |
| <input type="checkbox"/> Fundraising/Grant-writing | <input type="checkbox"/> Evaluation |
| <input type="checkbox"/> Strategic Planning/Governance | <input type="checkbox"/> Community Networking |
| <input type="checkbox"/> Marketing/Communications | <input type="checkbox"/> Volunteer Management |

If you are not selected or unable to join the Board this year, would you like to volunteer with a specific SCADP committee or program? Opportunities include:

- | | |
|---|---|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing/Social Media |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Pen-Pal Program |
| <input type="checkbox"/> Event Organizing | <input type="checkbox"/> Legal Research |
| <input type="checkbox"/> Grant-writing | |

The minimum expectations for board members are listed below. Please confirm your ability and willingness to meet each.

If selected for the board:

_____ I will attend and actively participate in at least 5 of the 6 bi-monthly board meetings.

_____ I will give or raise at least \$400 per year for the organization by direct solicitations or other fundraising activities.

_____ I will serve on at least one committee and attend at least 5 of the 6 bi-monthly committee meetings.

If you join the Board, you agree that you can provide at least 2-4 hours a month in attendance to Board and Committee meetings and that you do not have any conflict of interest in participating on the SCADP Board.

Your Signature: _____ Date: _____

Please return to Christina Isenhower, Nominations Committee Chair at christina.isenhower@gmail.com

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