



## APPLICATION FOR APPOINTMENT TO THE BOARD

(To be completed by the nominee, confidential when completed)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Briefly describe why you would like to join our Board of Directors:

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Please list your current organizational affiliations (names of the organization and your role(s)):

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

What would you like to get for yourself out of your participation on the Board? (e.g. what types of experiences, skills to develop, interests to cultivate etc.?)

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Which of your skills would you like to utilize on the Board?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Insurance/Risk Management | <input type="checkbox"/> Financial management         | <input type="checkbox"/> Education/Training      |
| <input type="checkbox"/> Strategic planning        | <input type="checkbox"/> Fundraising/Grants/Proposals | <input type="checkbox"/> Marketing               |
| <input type="checkbox"/> Health and Safety         | <input type="checkbox"/> Evaluation                   | <input type="checkbox"/> Volunteer management    |
| <input type="checkbox"/> Program development       | <input type="checkbox"/> Community networking         | <input type="checkbox"/> Policies and Procedures |
|  | <input type="checkbox"/> Other _____                  |  |

Please feel free to offer any additional information or comments in support of your application:

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If you are appointed to the Board of Directors, you agree that you can commit to at least 2-4 hours per month to attend Board and/or committee meetings, and that you do not have any conflict of interest in sitting on the Board.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_