



# Board of Directors Application Form

PLEASE FAX COMPLETED FORM TO 250-563-0807

OR SUBMIT TO 2579 VICTORIA STREET

PRINCE GEORGE BC

V2L 2M3

OFFICE USE ONLY:

RECEIVED: \_\_\_\_\_

Thank you for your interest in joining our Board of Directors. Our Board of Directors play a vital role in ensuring that the society's programs and staff are providing a high-quality level of service that is relevant to the community member's needs. We welcome individual applicants with suitable skills and experience to help us grow and support our community.

## APPLICANT CONTACT INFORMATION

NAME			
ADDRESS		CITY, PROVINCE, POSTAL CODE	
BIRTHDATE		EMAIL ADDRESS	
TELEPHONE		CELLPHONE	

Please share why you are interested in serving on the Board of Directors for Carney Hill Neighbourhood Centre Society (CHNC)

What qualifications and/or skills would you bring to the board?

Please describe any past board experience (including the types of boards on which you have participated).

Please share how you feel that CHNC would benefit from your involvement.

The Board of Directors seeks a complementary balance of interests, knowledge, skills and experience. Please identify those areas in which you have a basic or advanced competencies and areas you are interested in:

	BASIC	ADVANCED	INTERESTED
<b>Business Management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Community Leadership</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Education / Instruction</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Finance/Accounting</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Governance and Leadership</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Human Resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Aboriginal Culture and Community</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Non-profit Experience</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Policy Development</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Program Evaluation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Grant Writing/Fundraising</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Outreach/Advocacy</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vulnerable Populations</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (please specify):</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>REFERENCES</b>			
Please provide two references that are familiar with your previous board or committee experience:			
1 <sup>st</sup> REFERENCE		2 <sup>nd</sup> REFERENCE	
RELATIONSHIP		RELATIONSHIP	
TELEPHONE		TELEPHONE	
EMAIL		EMAIL	

**Please attach a current resume to your application.**

By submitting this application and a resume, I declare that:

- I certify that the information in this application and in my resume is accurate and true.
- I understand that the establishment of the Board of Directors for this non-profit complies with the Bylaws of the Organization.

APPLICANT NAME (please print): \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_