



BOARD OF DIRECTORS
APPLICATION FORM

I PERSONAL INFORMATION:

Name:

Home Address:

Town: Postal Code:

Home Phone #: Personal E-mail:

II BACKGROUND

Please provide a summary of your skills and experiences in the space provided, and attach a copy of a brief biography or resume to the application form. Please note that your photograph and biography may be posted to the South Coast Wellness (SCW) website. Your biography may be used for SCW By-Laws and funding grant applications.

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III OTHER COMMUNITY INVOLVEMENT

Please list the Boards and Committees that you have been involved with in the past.

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IV YOUR INTEREST IN SCW

Please tell us why you are interested in becoming a member of the Board of Directors of SCW.

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V TIME COMMITMENT

Active involvement as a member of the Board will require a commitment of your time. *Board meetings are held the 2nd Wednesday of the month from September to June inclusive (a maximum of 10 meetings per year.*

Are you available during the:

Day Yes ... No ... **Evenings** Yes ... No ... **Weekends** Yes ... No ...

Are you able to commit 4-6 hours every month to attend Board of Directors meetings, Board Committee meetings and conduct committee work? Yes ... No ...

VI REFERENCES

Please provide two references that may be contacted. References may be personal, professional, Board/Committee related.

1) Name:

Daytime Phone #: Evening Phone #:

2) Name:

Daytime Phone #: Evening Phone #:

CONFIDENTIALITY / USE of INFORMATION

I understand that the information provided by me with respect to my application for membership on the Board of Directors of SCW will be shared with members of the Board of Directors, provincial and federal government entities and SCW financial institutions as required. I also understand that this information will be treated as confidential.

Signature of Applicant

Dated