



APPLICATION TO BECOME A MEMBER OF THE BOARD OF DIRECTORS

Name: _____

D.O.B: _____

Contact Information (HOME)

Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone #: _____

E-Mail Address: _____

Cell Phone #: _____

Contact Information (WORK)

Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone #: _____

E-Mail Address: _____

Cell Phone #: _____

Preferred Address for Contact: Work Home

Preferred Number for Contact: Work Cell (work) Home Cell (home)

1) If applicable, please list your current occupation and the community in which you work below:

2) Please list any relevant experience, skills and/or special interests you feel would benefit the Board:

3) If you have any previous Board experience, please include the name of organization(s) you have served, your position and the dates you were involved:

4) Please indicate the areas that best describe your skills and select from the drop-down menu the number corresponding to your skill level in each area. (1 = poor, 5 = excellent):

Policy Development

Human Resources

Strategic Planning

Social Action / Lobbying

Accounting / Finance

Public Relations / Marketing / Fundraising

Program Development & Evaluation

Community Development

Research / Evaluation

Any other skills (please specify below): Project management – non-profit sector

5) Please tell us why you would like to become an Inspire Community Support Services Board Member:

6) How would you describe yourself? (10 lines).

REFERENCES:

Please provide the names and contact information for three people who could provide a reference for you.(Include name, occupation, address, email address, and telephone number).

Name: _____ Occupation: _____

Address: _____ City: _____

Province: _____ Postal Cod: _____

Telephone #: _____ Cell Phone #: _____

E-Mail Address: _____

Name: _____ Occupation: _____

Address: _____ City: _____

Province: _____ Postal Cod: _____

Telephone #: _____ Cell Phone #: _____

E-Mail Address: _____

Name: _____ Occupation: _____

Address: _____ City: _____

Province: _____ Postal Cod: _____

Telephone #: _____ Cell Phone #: _____

E-Mail Address: _____

Signature of Applicant: _____

Date: _____

Received Date: _____

Thank you for your interest!

Forward completed application to:

Lisa Waldroff, Executive Director
lwaldroff@inspire-sdg.ca