



Prevention through Education.

360 Topsail Road Suite 101
St. John's NL A1E 2B6

Tel: (709) 747-7757

FOR OFFICE
USE ONLY

DATE RECEIVED:

DATE
INTERVIEWED:

REVIEWED BY:

VOLUNTARY BOARD OF DIRECTORS APPLICATION

NOTE TO APPLICANTS: AFTER A REVIEW OF APPLICATIONS BY THE BOARD OF NLSACPC, SUITABLE APPLICANTS WILL BE VOTED TO THE BOARD BY THE COLLECTIVE MEMBERSHIP DURING AN ANNUAL GENERAL MEETING. A TWO YEAR COMMITMENT IS REQUIRED OF BOARD MEMBERS, AS WELL AS INVOLVEMENT ON SELECT COMMITTEES DEPENDING ON INDIVIDUAL INTEREST AND QUALIFICATIONS.

THIS APPLICATION MUST BE RETURNED BY MAIL OR IN PERSON. DO NOT FAX.

*** PLEASE TYPE OR PRINT CLEARLY IN INK ***

Do not leave any areas blank. If questions do not apply, indicate "n/a" in the space provided.

LAST & FIRST NAME _____

HOW LONG HAVE YOU BEEN A VOLUNTEER WITH NLSACPC? _____

DO YOU HAVE ANY NON-PROFIT BOARD EXPERIENCE?

If yes, please complete the information requested below.

Organization	Dates Served	Office Served (Position)
_____	_____	_____
_____	_____	_____

WHICH OF THE FOLLOWING AREAS WOULD YOU PREFER TO BE INVOLVED IN? (You may select more than one)

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Budget/Finance | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Education | <input type="checkbox"/> Media | <input type="checkbox"/> Proposals/Funding Related |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Personnel | |

IN ADDITION TO MONTHLY BOARD MEETINGS, HOW MUCH TIME CAN YOU DEVOTE TO BOARD ACTIVITIES PER MONTH? _____

PLEASE INDICATE WHY YOU FEEL YOU WOULD MAKE A GOOD BOARD MEMBER AND WHAT SKILLS YOU FEEL YOU CAN CONTRIBUTE TO NLSACPC BOARD OPERATIONS.

Include any relevant skills and interests



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BOARD MEMBER APPLICATION

Information contained on this page is for internal use only and will not be made public.

LAST & FIRST NAME _____	
HOME ADDRESS _____	
MAILING ADDRESS (if different from above) _____	
TELEPHONE (Home) _____	TELEPHONE (Work) _____
CELL _____	EMAIL _____
How do you prefer to receive communications from NLSACPC? _____	

CURRENTLY EMPLOYED WITH _____
POSITION _____

CURRENT AFFILIATIONS: (e.g. women's organizations, anti-violence groups, etc)

Organization	Dates	Title (Position)
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE PROVIDE 2 REFERENCES:

Name	Telephone	Relationship
_____	_____	_____
_____	_____	_____

HIGHEST LEVEL OF EDUCATION OBTAINED _____
SCHOOL _____ DISCIPLINE _____

PLEASE FEEL FREE TO PROVIDE ANY ADDITIONAL INFORMATION THAT WOULD BE USEFUL IN CONSIDERING YOUR APPLICATION. (You may attach a resume or additional pages if you wish.)

I HEREBY SWEAR THAT THIS APPLICATION HAS BEEN FILLED OUT COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.	
SIGNATURE: _____	DATE: _____

Send your completed application to 360 Topsail Rd, Suite 101 St. John's NL A1E 2B6 in care of "Chair of the Board". You will be contacted to confirm receipt of the application.