



BOARD OF DIRECTORS APPLICATION FORM
 Please fax completed form to (905)774-4620 or submit to 201 Forest St. E
 Dunnville, On N1A 3G5

Thank you for your interest in joining our Board of Directors. Our Board of Directors play a vital role in promoting our vision and increasing mental health awareness in our community. We welcome individual applicants with suitable skills and experience to help us grow our supports and services.

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____ CITY/TOWN: _____

PROVINCE: _____ POSTAL CODE: _____

DATE OF BIRTH: _____ EMAIL: _____

HOME PHONE: _____ CELL: _____

What motivates you to become a Board Member for True Experience?	
What special qualifications and or skills would you bring to the Board?	
Please describe your past Board experience (including the types of Boards on which you participated)	
Please describe your understanding of a Board Member's role with True Experience	

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

AREAS OF SKILLS/KNOWLEDGE	BASIC	ADVANCED	INTERESTED
Business Management			
Community Leadership			
Education/Training			
Finance/Accounting			
Governance and Leadership			
Human Resources			
Fundraising			
Government/Political Acumen			
Healthcare Administration/Policy			
Event Planning			
Legal			
Real Estate/Property Management			
Public Relations/Communications			
Quality/Risk Management			
Other (please specify):			

Would you be interested in joining one of the Board Committees?

COMMITTEES	YES	NO
Finance Committee		
Governance Committee		
Fundraising Committee		
Nominating Committee		

REFERENCES
Please provide two references that are familiar with your previous Board of Committee experience

1 st REFERENCE		2 nd REFERENCE	
RELATIONSHIP		RELATIONSHIP	
TELEPHONE		TELEPHONE	
EMAIL		EMAIL	

PLEASE ATTACH A CURRENT RESUME TO THIS 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 from this non-profit corporation complies with the Bylaws of the organization. I also understand that acceptance as a Board Member includes joining the Membership of the organization.

APPLICANTS NAME: (please print): _____

APPLICANTS SIGNATURE: _____

DATE: _____