



WOMEN'S INTERVAL HOME OF SARNIA AND LAMBTON INC.

BOARD OF DIRECTORS APPLICATION FORM

NAME: _____
LAST NAME **GIVEN NAMES**

HOME ADDRESS: _____
_____ **POSTAL CODE:** _____

TELEPHONE: HOME: _____ **UNLISTED: YES** _____ **NO** _____
WORK: _____ **CELL:** _____

EMAIL ADDRESS _____

PHONE NUMBER TO BE USED FOR WOMEN'S INTERVAL HOME _____

HOW LONG HAVE YOU LIVED IN LAMBTON COUNTY? _____

ARE YOU PRESENTLY EMPLOYED? _____

IF EMPLOYED, (A) PLACE OF EMPLOYMENT: _____

(B) POSITION: _____

LANGUAGES SPOKEN: _____

PLEASE CHECK IF YOU ARE PRESENTLY, OR HAVE BEEN INVOLVED, AT THE WOMEN'S INTERVAL HOME IN ANY OF THE FOLLOWING CAPACITIES:

- **AS A SERVICE USER** _____
- **AS A VOLUNTEER** _____
- **AS A COMMITTEE MEMBER** _____
- **AS A STAFF MEMBER** _____
- **AS A MEMBER OF THE BOARD OF DIRECTORS** _____
- **AS A MEMBER OF THE CORPORATION** _____



HAVE YOU SERVED ON ANY OTHER COMMUNITY BOARDS OF COMMITTEES? _____

IF YES, PLEASE DESCRIBE YOUR INVOLVEMENT INCLUDING DATES OF SERVICE:

PLEASE INDICATE ANY OTHER COMMUNITY VOLUNTEER EXPERIENCE:

WHY ARE YOU INTERESTED IN BECOMING A MEMBER OF THE BOARD OF DIRECTORS? _____

EACH BOARD MEMBER IS ASSIGNED TO A MINIMUM OF ONE STANDING COMMITTEE . IN ORDER OF PREFERENCE, WHICH STANDING COMMITTEES INTEREST YOU?:

- FINANCE COMMITTEE _____
- NOMINATING COMMITTEE _____
- PERSONNEL AND POLICY COMMITTEE _____
- PLANNING AND PROGRAM COMMITTEE _____
- PROPERTY COMMITTEE _____
- PUBLIC RELATIONS COMMITTEE _____



WOULD YOU PLEASE PROVIDE US WITH THE NAMES OF TWO REFERENCES WHOM WE CAN CONTACT:

NAME: _____

ADDRESS: _____

POSTAL CODE: _____ **TELEPHONE:** _____

NAME: _____

ADDRESS: _____

POSTAL CODE: _____ **TELEPHONE:** _____

FURTHER INFORMATION OR COMMENTS:

I GIVE MY PERMISSION FOR THE ABOVE INFORMATION TO BE SHARED WITH THE BOARD OF DIRECTORS.

IF ELECTED, I AM PREPARED TO SERVE ON THE BOARD OF DIRECTORS OF THE WOMEN'S INTERVAL HOME.

I AM WILLING TO SIGN AN 'OATH OF CONFIDENTIALITY' FORM UPON ELECTION TO THE BOARD.

I HAVE THE TIME AVAILABLE TO ATTEND NINE BOARD MEETINGS YEARLY (NO MEETING IN JULY, AUGUST AND DECEMBER),



I VERIFY THAT I MEET THE FOLLOWING QUALIFICATIONS AS SET OUT IN THE BY-LAWS OF THE WOMEN'S INTERVAL HOME:

- a) I am of sound mind**
- b) I am at least twenty-one years of age**
- c) I do not have the status of a bankrupt**
- d) I have not been in receipt of wages or remuneration of any kind from the Women's Interval Home for a period of at least two (2) years**
- e) I have not been in receipt of services of any kind from the Women's Interval Home for a period of at least two (2) years**
- f) I do not have any dependents who have received services of any kind from the Women's Interval Home for a period of at least two (2) years**

SIGNATURE: _____ DATE: _____

THANK YOU FOR YOUR INTEREST IN SERVING OUR ORGANIZATION.