

APPLICATION FOR BOARD OF DIRECTORS



CENTRE DE SANTÉ COMMUNAUTAIRE
BLACK CREEK
COMMUNITY HEALTH CENTRE



Date: _____

Name: _____ D.O.B. _____
(mm/dd/yyyy)

Address: _____
_____, ONTARIO _____
(City) (Postal Code)

Tel: Res _____ Cell _____ Bus _____

Filling out this application helps us to know something about you and your interest in becoming a member of our Board of Directors. When completed, please mail the application back to the attention of Board of Directors, or give it to any of our receptionists. A member of the Board will contact you. Thank you for your interest.

PART ONE: VOLUNTEER EXPERIENCE

Have you ever been on a Board of Directors before? Yes No
(If "YES" for what organization(s) and when?)

PART TWO: EXPERIENCE AND BACKGROUND

In this part of the Application, we would like to know about your experience and background in areas that our community health centre and the Board are involved with. Please check all areas that apply to you. Do you have experience in, or knowledge of;

- BCCHC's services or program
- Health care (please specify)
- Community work
- Program planning
- Multicultural work
- Adult education
- Early Childhood education

- Primary/secondary education
- Other educational activities (please specify)

- Personnel/human resources
- Legal
- Finances
- Fundraising

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PART THREE: EXPERIENCE WITH SPECIFIC POPULATIONS

Many of the services that we provide at BCCHC are developed to meet the needs of specific groups of people. Please indicate below whether you have had experience working with any of the following groups.

- Infants and children
- Teens
- Seniors

- Single parents
- Refugees or other new Canadians
- People with mental health concerns

PART FOUR: WHY DO YOU WANT TO BE A MEMBER OF THE BOARD?


Thank you for taking the time, and for your interest in BCCHC

If you have any questions, please contact our Board at: board@bcchc.com

BLACK CREEK COMMUNITY HEALTH CENTRE

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North York, ON M3M 1A4

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