APPLICATION FOR BOARD OF DIRECTORS

Canadian Charitable Registration No. 12963 3731 RR000117



Date:				
Name:				
D.O.B.	(mm/dd/yyyy)			
Address:				
	(City)	, ONTARIO		(Postal Code)
Tel:	Res	Cell	Bus _	
member of of Board of I will contact	our Board of Directors. No Directors board@bcchc.cyou. Thank you for your		mail the application be	ack to the attention
PART ONE:	VOLUNTEER EXPERIENC	E		
•	er been on a Board of Di what organization(s) and			
	Yes No			

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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;

- o BCCHC's services or programs
- Health care (please specify)
- o Community work
- o Program planning
- o Multicultural work
- o Adult education
- o Early childhood education
- Primary/secondary education
- o Personnel/human resources
- Legal
- o Finances
- o Fundraising

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



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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: boardofdirectors@bcchc.com

