

**Office Use Only**

Date Submitted:

Date Contacted:



## APPLICATION FOR BOARD/COMMITTEE MEMBERSHIP

### PERSONAL INFORMATION

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone (residence):** \_\_\_\_\_

**Telephone (business):** \_\_\_\_\_

**Email:** \_\_\_\_\_

### HOW DID YOU HEAR OF ALTERNATIVES?

\_\_\_\_\_  
\_\_\_\_\_

### TYPE OF POSITION BEING APPLIED FOR: (please check)

- Director  Member of the Corporation (serving on a board committee)

Members of the Corporation include Board Directors and those vetted for an eligible to be Directors in the future and past Directors who choose to remain Members. All members are eligible to serve on Board Committees and have a vote at the AGM.

In addition to attending board meetings every board member must serve on at least one committee. What committee(s) would interest you? Committee meetings are often held in the evenings for 1-2 hours.

- |   |  |
|---|--|
| <input type="checkbox"/> Finance and Financial Audit Committee          | <input type="checkbox"/> Marketing and Outreach Committee        |
| <input type="checkbox"/> Human Resources and Selection Committee        | <input type="checkbox"/> Program Planning Committee              |
| <input type="checkbox"/> Fundraising and Event Management Committee     | <input type="checkbox"/> Family Council Committee                |
| <input type="checkbox"/> Organization Planning and Priorities Committee | <input type="checkbox"/> Board Development and By-Laws Committee |
| <input type="checkbox"/> Legal Committee                                | <input type="checkbox"/> Disability Supports Committee           |

**PAST EXPERIENCE WITH DISABILITY SUPPORT CARE**

Are you currently holding or have you ever held any position with any cognitive challenge or disability support care not for profit organization (including Alternatives) or served on an not for profit organization’s board in the past?

- Yes       No

If yes, please indicate where, when and in what capacity:

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**HAVE YOU SERVED ON ANY BOARD OTHER THAN RELATING TO DISABILITY SUPPORT CARE?**

- Yes       No

If yes, please indicate the organization, the capacity in which you served, and if possible, the term served:

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**BACKGROUND INFORMATION**

- A) EDUCATION: \_\_\_\_\_
- B) TRAINING/SPECIAL SKILLS: \_\_\_\_\_
- C) PROFESSIONAL MEMBERSHIPS/AFFILIATIONS: \_\_\_\_\_
- D) CURRENT OCCUPATION: \_\_\_\_\_

E)	DATES		POSITION
	NAME OF PREVIOUS EMPLOYER	FROM TO	

**HOW DO YOU THINK YOUR KNOWLEDGE, EXPERIENCE AND SKILLS WOULD CONTRIBUTE TO DIRECTING THE OPERATIONS OF ALTERNATIVES AS A BOARD AND/OR COMMITTEE MEMBER?**

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**REFERENCES**

*BUSINESS/PROFESSIONAL*

Name: \_\_\_\_\_  
Relationship to self: \_\_\_\_\_  
Phone or Email: P: \_\_\_\_\_  
(provide both when available) E: \_\_\_\_\_

*PERSONAL*

Name: \_\_\_\_\_  
Relationship to self: \_\_\_\_\_  
Phone or Email: P: \_\_\_\_\_  
(provide both when available) E: \_\_\_\_\_

**ADDITIONAL INFORMATION**

If you wish to indicate any organizations, special skills, education, legal or financial activities, or hobbies you engage in, please list them below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby consent to Creating Alternatives Day Program to verify any information required as to my suitability for a position on the Board of Directors or on a Committee of the Board. Creating Alternatives Day Program requires that prior to being on the Board of Directors, or a Board Committee, all persons who are accepted must provide a Vulnerable Persons Screening Check/Police Reference Check dated within the last 90 days.*

*I hereby certify that the statements made by me are true and correct to the best of my knowledge and understand that failure to provide accurate information may result in me not being considered for the position.*

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_