



**community
resource centre**

OF NORTH AND CENTRE WELLINGTON

Application for Board Membership

Name: _____

Address: _____

Phone Number: _____ Other Number: _____

Current Place of Employment: _____

Are you able to accept calls at work: _____

What time commitments are you prepared to offer as part of your Board of Director duties? _____

Are you willing to sit on an internal committee? If so, what type would interest you?

What other volunteer commitments do you have at this time, if any? _____

Are you prepared to complete a criminal reference screening form? _____

Please elaborate on what strengths you feel you can offer to the Community Resource Centre As a member if of the Board of Directors. Please use the back side of this form to complete your comments.

Signature: _____

Date: _____

For Office Use only:

Date Received: _____ Received by: _____