



The West Elgin Community Health Centre team works with our communities and our partners to provide accessible, high quality health care, health promotion and community support services.

Board of Directors

Application

Name: _____

Address: _____
 Lot Concession Township Street Town

Telephone: _____
 Home Work Cell

Email: _____

1. In order to assist us in selecting Board directors who can best meet the present needs of the Centre, would you please provide us with the following information:

- Yes No Do you live in West Elgin or Dutton Dunwich?
- Yes No Do you use the Centre's clinical services?
- Yes No Are you a Client of any Program?
- Yes No Are you related to any current staff members the Centre?
If yes, who? _____ Relationship _____
- Yes No Have you volunteered for any program at the Centre?
If yes, which program? _____

What is your occupation? _____

2. It is important to have Board directors who are linked to the many areas of the community. Please indicate below your connections to our community and tell us what those connections are:

Business _____

Agriculture _____

Education _____

Labour _____

Legal _____

Social
Services _____

Health
Services _____

Municipal _____

Other _____

3. We would like to know what skills you can bring to the Board. Please mark those areas in the boxes below that relate to your skills and tell us what those skills are:

Personnel _____

Legal _____

Accounting _____

Planning _____

Program
Ideas and
Planning _____

Policy _____

Other _____

4. We are looking for Board directors who can advocate for our community. Please indicate below where you feel you can assist:

Youth

Rural Families

Seniors

Other _____

5. Please tell us why you would like to be a Board director:

6. Please provide the names of two references whom we can contact:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Signed: _____
Applicant Name

Date: _____

Thank you for your interest in serving our Centre and community.