



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:

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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.