



Board of Directors Application

OUR VISION

Vibrant and Caring Communities, People, and Workplace.

OUR MISSION

Partnering with our communities to achieve the best health and wellbeing for all.

OUR VALUES

Compassion, Excellence, Collaboration, Accountability, Respect and Equity

Name: _____

Address: _____

Telephone: _____

Home:

Work:

Cell:

Email(s): _____

1. **To assist us in selecting Board directors who best meet the current needs of the Centre, would you please provide us with the following information:**

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

What is your occupation/past occupation?



2. **To maintain a diverse Board, it is important to consider Board director candidates who are linked to the many areas of our communities. Please indicate your connections to our communities and tell us what those connections are:**

- Business _____
- Agriculture _____
- Education _____
- Labour _____
- Social Services _____
- Health Services _____
- Municipal _____
- Other _____

3. **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:**

- Leadership _____
- HR _____
- Legal _____
- Financial _____
- Planning _____
- Communication _____
- Policy _____
- Other _____



4. **The Strategic Plan / Strategic Directions of the Centre are developed by the Board. Can you provide demonstrated examples to support your alignment with the Centre’s strategic plan, mission, vision, and values?**

5. **Please tell us why you would like to be a Board director at the West Elgin Community Health Centre:**



6. **REFERENCE AND BACKGROUND CHECKING**

Please provide the Name, Telephone, Email and Relationship of at least Two (2) References:

Name:

Telephone:

Email:

Nature of Relationship:

Name:

Telephone:

Email:

Nature of Relationship:

Name:

Telephone:

Email:

Nature of Relationship:

By signing below, I understand that the West Elgin Community Health Centre will conduct reference checks. Reference information may include, but not limited to, verbal and written inquiries about my employment and volunteer history, professional demeanor, and character.

In addition, I understand that the West Elgin Community Health Centre will conduct a background check which includes a search of my publicly available records (such as, but not limited to, social media, college or regulatory body standing (if applicable) and court records) for the purpose of assessing my volunteer Board director application.

Signed:

Applicant Name (Print)

Date:
