



CHILD
ADVOCACY
CENTRE
of Kelowna

BOARD OF DIRECTORS APPLICATION FORM

Please Email completed form to: info@cackelowna.com
or submit to 200-1815 Kirschner Road, Kelowna, BC V1Y 4N7

Thank you for your interest in joining our Board of Directors! Our Board of Directors play a vital role in promoting our vision and supporting the delivery of life changing services to vulnerable children. The CAC is always looking for active, community minded individuals with skills in the legal, financial management, community development and fundraising areas.

APPLICANT CONTACT INFORMATION

Name: _____ Mr Mrs Miss Ms

Address: _____ City: _____

Province: _____ Postal Code: _____

Birth Date: _____ Email: _____

Telephone: _____ Cell Phone: _____

What motivates you to become a Board member for the Child Advocacy Centre?

What special Qualifications and/or skills would you bring to the board?

Please describe your past board experience (including the types of boards on which you have participated).


Please describe your understanding of a Board member's role with CAC.

The Board of Director's seeks a complimentary balance of knowledge, skills and experience at a Governance Level. Please identify those areas in which you have basic or advanced competencies and areas you are interested in:

BOARD OF GOVERNANCE	BASIC	ADVANCED	INTERESTED
Business Management			
Community Development			
Education/Training			
Finance			
Fundraising			
Government/Political Acumen			
Healthcare Administration/Policy			
Knowledge of Healthcare System			
Legal			
Marketing/communications			
Property Management			
Public Relations			
Quality/Risk Management			
Strategic Planning			
Other (please specify)			

Would you be interested in joining one of the Board's committees? Or any specific roles/projects you would like to be involved in?

COMMITTEES	YES	NO
Finance		
Fundraising		
Construction and Facility		
Governance		



REFERENCES

Please provide two references that are familiar with your previous board or committee experience:

1ST REFERENCE

2ND REFERENCE

Relationship: _____

Relationship: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Please attach a current resume to your application.

By submitting this application and a resume, I declare that:

- I meet the eligibility criteria and accept the conditions of nomination as delineated.
- I certify that the information in this application and in my resume is accurate and true.
- I understand that the establishment of the Board of Directors for this non-profit corporation complies with the Bylaws of the Organization. I also understand that acceptance as a board member includes joining the Membership of the Organization.
- I understand that due to the nature of the CAC I may be required to complete a criminal background check, enhanced security clearance or other similar requirement.

Applicant Name (print): _____

Applicant Signature _____ Date: _____

