



# BOARD OF DIRECTORS APPLICATION FORM

Please submit the completed form to

[board.president@rvcsbc.org](mailto:board.president@rvcsbc.org)

OFFICE USE ONLY RECEIVED:  _____
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Thank you for your interest in joining our Board of Directors. Our Board of Directors play a vital role in promoting our vision and assessing the social needs in our community. RVCS actively recruits new board members and they are appointed at the AGM held each fall. We welcome applicants with suitable skills and experience to help us grow our services in this community.

APPLICANT CONTACT INFORMATION			
NAME			<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS
ADDRESS		CITY, PROVINCE, POSTAL CODE	
BIRTHDATE		EMAIL	
TELEPHONE		CELL PHONE	

What motivates you to become a board member for RVCS?	
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 RVCS.	
Is there anything else you'd like the Board to know?	

The Board of Directors seeks a complementary 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Community Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Finance/Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Governance and Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Government/Political Acumen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Healthcare Administration/Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Event Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Real Estate/Property Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Public Relations/Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Quality/Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Strategic Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By submitting this application I declare that:

- I meet the eligibility criteria and accept the conditions of nomination as delineated.
- I certify that the information in this application is accurate and true.
- I understand that the establishment of the Board of Directors for this non-profit organization complies with the Bylaws of the Society. I also understand that acceptance as a board member includes joining the Membership to RVCS.

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_