



Empowering Individuals, Strengthening Community

Board Member Application and Questionnaire

Thank you for your interest in becoming a Board Member of Niagara Falls Community Health Centre. To assist us with the selection of potential candidates, please fill out the following application and questionnaire.

Personal Information

Full Name: _____
Last _____ First _____

Address: _____
Street Address _____ Apartment/Unit # _____

_____ City _____ Province _____ Postal Code _____

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____

Information

How did you become interested in serving on the Board?

Nominated by: _____

Recruited by: _____

Supported by: _____

Sponsored by: _____

Accountability

Why are you interested in becoming a board member at Niagara Falls CHC?

Accountability

What do you hope to personally gain from your experience as a board member?

How much time can you commit to board activities per month?

Do you have any previous experience serving on a board? If so, please list.

Skills and Talent

*please attach a resume that provides this information

Certifications:

Do you have any particular or specific training certifications related to board activities? If so what are they?

Leadership:

What types of leadership experiences have you had that will support you in the role of governing Niagara Falls CHC?

Career:

Are you currently working, retired, independent?

What are your career experiences?

What are your career goals?

Education:

Degree, Diploma, Certification, Registration, etc.

Affiliations

Are you affiliated with other agencies, organizations or groups?

Do they have similar objectives?

Niagara Falls CHC wishes to be a culturally competent and diverse organization. We encourage applicants from all backgrounds, promoting a balance of community representatives and professionals.