



Federated
HEALTH Charities
C A M P A I G N

Board of Directors Application Form

Thank you for your interest in joining the Federated Health Charities Board of Directors. Our mission is to support the health of all Ontarians and to do that we require a diverse collection of voices in decision making positions. We welcome applications from individuals possessing a variety of experiences, knowledge, and skill sets.

Please email completed form to:
Sarah Wood
Federated Health Charities Executive Director
sarah.wood2@ontario.ca

APPLICANT CONTACT INFORMATION

MINISTRY/AGENCY _____ POSITION _____
NAME _____ DATE OF BIRTH _____
ADDRESS (HOME) _____
CITY _____ PROV. _____ POSTAL CODE _____
PHONE (WORK) _____ PHONE (PERSONAL OR CELL) _____ EMAIL _____

Please describe your previous involvement with the Federated Health Charities campaign.

What motivates you to become a board member for Federated Health Charities?

Please describe your understanding of the position of OPS Representative on the Board of Directors and how would you plan to fulfill this role.

What experiences, knowledge and specialized skills would you bring to the board?

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

Please describe why you think diversity is important for the Federated Health board and how you could contribute to this.



APPLICANT EXPERIENCE

The Board of Directors seeks a complementary balance of experience, knowledge, and skills at a Governance Level. Please identify the areas in which you have basic or advanced competencies, or those you have no current experience but are interested in:

BOARD OF GOVERNANCE	NONE	BASIC	ADVANCED	BOARD OF GOVERNANCE	NONE	BASIC	ADVANCED
Healthcare Administration/Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strategic Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Governance/Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Relations/Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Finance/Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donor Stewardship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

REFERENCES

Please provide two professional references that are familiar with your current, or previous, employment or board experience:

1ST REFERENCE _____	2ND REFERENCE _____
RELATIONSHIP _____	RELATIONSHIP _____
TELEPHONE _____	TELEPHONE _____
EMAIL _____	EMAIL _____

LEADERSHIP APPROVAL

By checking this box I confirm that I have received approval from my direct leadership (person to whom you report) to participate on the Federated Health Charities board.

LEADERSHIP NAME _____
LEADERSHIP EMAIL _____ LEADERSHIP PHONE _____

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 the position, as outlined.
- I confirm that the information in this application and in the attached resume is accurate and true.
- I understand that I would be joining the Board as an individual and would be individually responsible for complying with the By-Laws of the Organization.
- I understand that acceptance as a board member includes joining the Membership of the Organization.

APPLICANT NAME _____ DATE OF BIRTH _____
APPLICANT SIGNATURE _____