

# Bernadette McCann House for Women Inc.

## INFORMATION QUESTIONNAIRE FOR NOMINEES TO THE BOARD OF DIRECTORS

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ (H)  
Address: \_\_\_\_\_ (W)  
Postal Code: \_\_\_\_\_ Fax: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Email: \_\_\_\_\_  
Retired:  Yes  No

LIFE EXPERIENCE: (Please list all relevant work, volunteer, educational experience you have had. You may wish to attach a resume.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you participated in other volunteer/charitable organizations?  Yes  No  
If yes, in what capacity? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list some of your hobbies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a specific interest, or skill/ability that would benefit Bernadette McCann House for Women Inc?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What areas are you interested in assisting Bernadette McCann House for Women Inc. in?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you think you are a suitable candidate for the position of Board Member of Bernadette McCann House for Women Inc.? \_\_\_\_\_

Bernadette McCann House for Women Inc. is looking for potential Board Members who are interested in assisting in the following areas. Please check off those areas that are of interest to you:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Special Events        | <input type="checkbox"/> Agency Planning               | <input type="checkbox"/> Strategic Planning     |
| <input type="checkbox"/> Capital Fund          | <input type="checkbox"/> Personnel                     | <input type="checkbox"/> Public Education       |
| <input type="checkbox"/> Volunteer Development | <input type="checkbox"/> Program Planning & Evaluation | <input type="checkbox"/> Other (Please specify) |

Please provide us with some information in the following:

Your educational background: \_\_\_\_\_

Your career: \_\_\_\_\_

Awards and Honours: \_\_\_\_\_

Past and Present Associations: \_\_\_\_\_

Any other information you feel would be helpful: \_\_\_\_\_

REFERENCES: (Please provide the names, addresses, and phone numbers of two references who we may contact.)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Thank you for your assistance. The information you provide will be very useful to us and may be made public. If you do not wish some or all of the information made public or released in any form, please sign here:

\_\_\_\_\_.

Please return this completed form to the following address;

**NOMINATING COMMITTEE**  
**c/o Bernadette McCann House for Women Inc.**  
**PO Box 244**  
**Pembroke, ON K8A 6X3**

or email:

[wssshs@wsssbmh.org](mailto:wssshs@wsssbmh.org)