

Bernadette McCann House

INFORMATION QUESTIONNAIRE FOR NOMINEES TO THE BOARD OF DIRECTORS

Name: _____	Telephone: _____ (H)
Address: _____	_____ (W)
_____	_____
Postal Code: _____	Fax: _____
Occupation: _____	Email: _____
	Retired: <input type="checkbox"/> Yes <input type="checkbox"/> 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 **Executive Director** at:

PO Box 244
Pembroke, ON K8A 6X3