

## SSAIC BOARD OF DIRECTORS APPLICATION

First Name:

Last Name:

Address:

Street or PO Box #

City, Province

Postal  
Code

Tel: Home:

Cell:

Email:

Occupation:

How do you prefer  
to be contacted?

Home

Cell

Email

Employer or School:

Training and Work Experience:

Volunteer and/or Board Experience:

Reasons for wanting to become a Board Member:

What Skills would you bring to the board?

Risk Assessment

Knowledge of the community we serve

Financial

Governance

Institutional knowledge of SSAIC

Human Resources

Events/Fundraising

Fund development

Knowledge of Indigenous culture

Others

Skills, talents and abilities you would like to make use of and/or develop as a Board Member:

Volunteer time available:

Days:

Evenings:

Weekends:

How much time could you devote to Board and committee work each month?

What prompted your interest in SSAIC? (i.e. social media, word of mouth, public ed, etc.)

If you aren't selected to be on the Board, are you interested in being on a working committee?

Do you have any potential conflicts of interest associated with being on SSAIC's Board? Please explain:

Anything else you wish to add?

Date: