

BOARD MEMBER APPLICATION

Please Print

Name _____
Last First Middle Initial

Address _____
Mailing Address and Postal Code

Phone _____
Home Work Cell Fax

E-Mail Address _____

Occupation _____

Employer _____

Address _____

Have you served as a board member in the past? Yes No

Organization _____

Address _____

In what capacity did you serve? _____

How long were you a board member? _____

What did you like about serving on a Board? _____

What didn't you like? _____

What were some challenges? _____

How did you hear about our organization? _____

What interests you in our organization? _____

If you are a person with a disability, are there any accommodations or accessibility issues we may address for you to attend our Board Meetings? _____

How much time do you have available to volunteer as a Board Member each month? _____

Are you prepared to commit 4 hours per month, attend monthly Board Meetings and serve on one committee? _____

Please provide three (3) references. Please provide their name, address, occupation and day and evening telephone numbers.

1) _____

2) _____

3) _____

Please Fax this completed for to (902) **792-1801** or mail to:

**The Hants County Community Access Network
PO Box 2618
Windsor, NS
B0N 2T0**

We thank you for your interest in the Hants County Community Access Network.