

BOARD OF DIRECTORS/ FINANCE COMMITTEE APPLICATION



Nominees must be able to demonstrate their appreciation and commitment to ESHF's mission, their availability and willingness to fulfill volunteer duties, and their ability to attend monthly meetings and other special events.

Name: _____

Address: _____

Phone: _____

Email: _____

Current or Previous Related Experience:

Please indicate your areas of knowledge, skills, or experience by checking all the relevant boxes below:

<input type="checkbox"/>	Finance	<input type="checkbox"/>	Risk Management
<input type="checkbox"/>	Business Management	<input type="checkbox"/>	Information Technology
<input type="checkbox"/>	Human Resources	<input type="checkbox"/>	Accounting
<input type="checkbox"/>	HealthCare Admin	<input type="checkbox"/>	Education
<input type="checkbox"/>	Government Relations	<input type="checkbox"/>	Quality & Performance Management
<input type="checkbox"/>	Politics	<input type="checkbox"/>	Labour Relations
<input type="checkbox"/>	Construction	<input type="checkbox"/>	Board & Governance
<input type="checkbox"/>	Legal	<input type="checkbox"/>	PR & Communications
<input type="checkbox"/>	Strategic Planning	<input type="checkbox"/>	Ethics

Please attach your answers to the following questions:

- 1) What motivates you to want to join the ESHF Board of Directors or Finance Committee?
- 2) What highlights from your professional/volunteer background would assist you in your volunteer role?
- 3) How many hours could you commit to this position each month? Do you have restrictions? What days or times you are available?
- 4) What do you think is the most important task the Foundation needs to accomplish in the near future? How could you assist?

To apply please forward your complete application by e-mail to 'Foundation@eshf.ca' for consideration with the subject line "Board of Directors Application" or "Finance Committee Application". An interview may be requested.

Feel free to include any relevant additional attachments such as resume, portfolio, or references if desired.

DECLARATION

I understand that as part of the nomination and elections process, the information I provide on this application will be shared with current Board Members and/or staff of Erie Shores Health Foundation.

Name: _____

Signature: _____ Date: _____