

APPLICATION FOR BOARD OF DIRECTORS

Thank you for expressing an interest in joining our Board of Directors. Please complete this registration form to help us match your skills with our needs.

A – GENERAL INFORMATION

As per the agency bylaws, board members must be a resident within the Agency's catchment area.

Name: _____
Last Name First Name

Address: _____
Number Street Address

City Province Postal Code

Phone: _____
Home # Business # Cell #

Date of Birth: _____ (dd/mm/yyyy)

Email: _____

B – BOARD SKILLS AND EXPERIENCE

Please briefly describe the following:

Why are you interested in joining Réseau ACCESS Network's Board of Directors?

What previous and/or present Board experience do you have:

What work and/or life experience do you have that would be applicable to the Board's work:

What Board specific education or training have you received:

Please highlight which skills and abilities you possess that may be relevant to your work with the Board of Directors:

C - AVAILABILITY

Succession Planning is always an important factor when recruiting new members. While not a requirement, the need to find individuals who can commit to taking on a leadership role is always appreciated.

With orientation and support, would you have an interest in any of the following positions?

- President ___Yes ___No ___Possibly

- Vice-President ___Yes ___No ___Possibly

- Treasurer ___Yes ___No ___Possibly

- Secretary ___Yes ___No ___Possibly

Do you have any experience Chairing a committee/Board meeting? ___Yes ___No

Comments:

Appointments to the Board are three-year terms that may be renewed.

Are you able and willing to volunteer for at least 3 years? ___Yes ___No ___Other

Please explain if Other:

The Board meets every third Tuesday evening of the month (except for summer break – July & August) starting at 5:00 pm. Due to covid-19, the meetings are presently being held via zoom.

Would you be able to attend? ___Yes ___No

D - REQUIREMENTS

Board members/Volunteers are required to submit a Police Record Check (CPIC). A criminal record does not itself, automatically eliminate someone from consideration as board member/volunteer. The nature of the criminal record and the applicant's subsequent community responsibility is considered when determining their suitability for board member/volunteer service. Do you have any objections to submitting a CPIC certificate?

- Yes No

E - REFERENCES

Please provide us with two relevant references that will be able to comment on your past experience and skills:

Reference # 1:

Name: _____
Last Name First Name

Contact: _____
Phone Email

Relationship: _____

Reference # 2:

Name: _____
Last Name First Name

Contact: _____
Phone Email

Relationship: _____

Réseau ACCESS Network collects your personal information in order to help identify suitable board/volunteer opportunities for you. Only authorized Réseau ACCESS Network staff and/or volunteers access this information.

Thank you for completing this form. Suitable applicants will be contacted to discuss current opportunities.

BOARD MEMBER / VOLUNTEER AGREEMENT

This agreement forms part of and must be attached to the Volunteer Application Form. Before you start volunteering, Réseau ACCESS Network requires your agreement on the following:

- I understand that Réseau ACCESS Network has a volunteer screening process in place, and that I may be asked to undergo an orientation, interview, reference checking, and /or criminal records and child abuse registry check, depending on the nature of the volunteer position for which I am applying.
- I understand that confidentiality is fundamental to all programs of Réseau ACCESS Network and I will be sensitive to the need for confidentiality.
- By signing below, I am indicating that I will not use or disclose in any manner to any third party (other than to Réseau ACCESS Network attorneys, auditors, or authorized government officials) any information without the prior express written consent of Réseau ACCESS Network.
- I understand that I cannot give medical advice (which includes comments and suggestions that personalize medical information and influence treatment decisions). If someone is seeking information, I will direct him or her to a Réseau ACCESS Network staff member.
- I understand that I am representing Réseau ACCESS Network during my time volunteering and I agree to act in a professional manner at all times.
- I hereby release and discharge Réseau ACCESS Network, its agents, employees and licensees from any claim or action that I may have with respect to the use of any of the above or my participation in any related Réseau ACCESS Network activities, while volunteering for Réseau ACCESS Network.
- By signing below, I acknowledge that the information provided is true and accurate and that I have read, understood, and will abide by the Volunteer Agreement above. I grant Réseau ACCESS Network permission to contact the references listed on my application form.

Applicant's Signature

Date

Please return this application to:

Contact: Deborah Josipovic, Volunteer and Community Resources Development
Address: Coordinator 111 Larch Street, 4th Floor, Box 10
Sudbury, ON P3E 4T5
Telephone: 705-688-0500 ext. 215
Fax: 705-688-0423
Email: deborahj@reseauaccessnetwork.com

Thank you.