

# *Société Alzheimer Society*

KINGSTON, FRONTENAC, LENNOX & ADDINGTON

## **Please Submit your completed Application and Resume either by Email or drop it off to our Office at 1200 Princess Street Kingston**

The Alzheimer Society of Kingston, Frontenac, Lennox, and Addington (the “Society”) is a not-for-profit, multi-service organization dedicated to improving the quality of life and health outcomes of individuals affected by Alzheimer’s disease and other dementias in the York region.

The Society was established with the goal of providing a more integrated and client-centric approach to care. We leverage our comprehensive capabilities to deliver high-quality, innovative health and social care programs tailored to meet the diverse needs of our community. Our services include dementia education and awareness programs, caregiver support, social and recreational activities.

Operating across multiple locations in the region, the Society serves over 3,500 clients annually, including individuals living with dementia and their caregivers. Our programs are designed to support the physical, emotional, and social well-being of our clients, ensuring they receive the compassionate and individualized care they need.

The Society Board of Directors is comprised of a dedicated and diverse group of volunteers who bring professional expertise and experience from various disciplines. The Board meets at least nine (9) times a year to ensure effective governance and strategic direction for the organization. Our Board operates with a committee structure that includes the following committees: Finance and Administration Committee, Nominations Committee, and Governance Committee. These committees play a crucial role in supporting the Executive Director.

Board members meet both virtually and in person in our York Region offices, with a time commitment of approximately 3-6 hours monthly, depending on committee schedules. This commitment ensures the Board can effectively contribute to the governance, strategic planning, and oversight necessary for the Society to fulfill its mission and continue to provide exceptional care and support to those affected by Alzheimer’s disease and other dementias.

We are currently seeking to fill upcoming vacancies on our Board and are searching for people who are passionate about the vision, mission, and values of our organization.

Specifically, we are looking for people with experience in the following areas:

- Demonstrated professional experience or expertise in any of the following: Healthcare, Financial Management, Fundraising, Risk Management, Human Resources and Governance.
- Lived experience and possess an understanding of/competence in issues affecting the diverse communities we serve.
- Have a connection with the community.

We welcome the opportunity for you to join our dynamic and active team of Directors.

If you are interested in joining the Board of Directors at the Society, please forward your resume and Statement of Interest to [BoardChair@alzking.com](mailto:BoardChair@alzking.com) or submit them by mail or by dropping them off at our office at 1200 Princess Street Kingston Ontario K7M 3C9

The deadline for applications is **July 30, 2025**.

*Board of Directors Application Form*

**Application Package:**

The board application package (online version) includes the following:

1. Statement of interest (*optional*)
2. Board of Directors Application Form
3. Resume (please attach to package)
4. Consent for criminal background check

<b>1. NAME</b>	
<b>2. TELEPHONE</b>	
<b>3. EMAIL</b>	
<b>4. ADDRESS</b>	

*In our efforts to be reflective of the communities we serve, we strongly encourage individuals from equity seeking groups to apply and to self-identify within their statement of interest in terms of age, gender, sexual orientation, racial/ethnic background, disability, and religion/faith/spiritual belief.*

**Statement of Interest** (*optional*)

5. Please provide us with a brief overview of your interest and reasons for applying for the position of Director of the Board of the Alzheimer Society of Kingston, Frontenac, Addington, and Lennox.

## Board of Directors Application Form

We are recruiting individuals who have contacts or relationships that could be leveraged to enhance the Society's mission and objectives. Please indicate which of the following area of influence you would bring to the Board.

	Identify how you are involved in these areas
Healthcare	
Government Relations	
Fundraising and Revenue Development	
Financial Management	
Media/Advertising	
Non-profit/Voluntary Sector	
Human Resources	
Other	

Please indicate which of the following skill sets you would bring to the Board. By skill, we mean direct professional experience, or senior volunteer leadership experience.

Proficiency Level	Description
0 - No Experience/No Interest	No experience or knowledge; unable to carry out this work OR has no interest in carrying out this work.
1 - Basic	Limited experience or knowledge/understanding; requires guidance and training.
2 - Intermediate	Working knowledge and direct experience; can contribute independently but may need occasional support.
3 - Advanced	Strong expertise - knowledge and experience; can independently manage with little help and advise on this area.
4 - Expert	Deep knowledge and experience; requires no assistance to complete work; recognized as a subject matter expert and can lead, train or mentor others.

Skills Matrix	Proficiency Level
AODA Compliance	
Board & Executive Evaluation	
Compensation & Benefits	
Change Management	
Diversity, Equity & Inclusion (DEI) Principles	
Employee Engagement	
Employee Relations & Conflict Resolution	

Employment Law & Compliance	
Financial Management and Investment	
Health & Safety	
Human Resource Management	
Technology & Systems Implementation	
Learning & Development	
Not-for-Profit Governance	
Organizational Culture	
Pay equity	
Performance Management	
Policy Development	
Succession Planning	
Talent Acquisition & Recruitment	
Terminations	
French Proficiency	

**Confidential Voluntary Diversity Information (Optional)**

*The Society recognizes that the community and its clients are best served by boards and committees which generally reflect the diversity of our clients and community.*

*You are encouraged to complete this confidential diversity questionnaire. This information is used to help the Society in achieving its objectives for access, equity, diversity, and reconciliation. This information will not be released for any other purpose without your permission.*

*This information is collected in compliance with provisions of the Municipal Freedom of Information and Protection of Privacy Act, the Ontario Human Rights Code, and the Society’s Privacy and Confidentiality Policy.*

**1. Age**

- 18-44
- 45-64
- 65+
- Prefer not to answer

**2. Gender Identity**

- Male
- Female
- Trans
- Binary
- Prefer not to say
- Not Listed, please specify

**3. Peoples who identify as members of First Nations (status, non-status, treaty, or non-treaty), Inuit or Métis communities in Canada. Based on this description, does this reflect your identity?**

- Yes
- No

- Prefer not to say

#### 4. Ethnicity/Race

Ethnic/racial groups are defined by race or color only, not by country of birth, citizenship, or religious affiliation. Please identify which of the following best describes your ethnicity or race:

- Black (African, Afro-Caribbean, African Canadian descent)
- East Asian (Chinese, Korean, Japanese, Taiwanese descent)
- Latino (Latin American, Hispanic descent)
- Middle Eastern (Arab, Persian, West Asian, Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, etc.)
- South Asian (South Asian descent, Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.)
- Southeast Asian (Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
- White (European descent)
- Not listed – please specify
- Prefer not to say
- Other

5. 2SLGBTQ+ is an abbreviation used to represent a broad array of identities including, but not limited to, two-spirited, lesbian, gay, bisexual, trans, and queer.

Based on this description, do you consider yourself 2SLGBTQ+?

- Yes
- No
- Prefer not to say

6. Do you speak French?

- Yes
- No
- Prefer not to say

7. Please provide your resume

8. Vulnerable Sector Screening

- I consent to provide a copy of the Vulnerable Sector Screening Check to the Society upon my membership.

9. I consent to the Society contacting the references listed below. Please provide the full name, relationship, and contact information for the reference.

- 1.
- 2.