



BOARD OF DIRECTORS APPLICATION FORM

Name: _____ Home Phone: _____
Business Phone: _____

Address _____

Occupation _____ D.O.B.: _____

Please check the education or skills that you could contribute to our Board:

- education
- financial
- fundraising
- healthcare
- human resources
- other (please specify) _____
- marketing
- planning
- public relations
- management
- public speaking
- advocacy
- knowledge of services
- legal

Please summarize your skills, interests, experience, or perspectives that you believe would assist you in your contribution to this Board/organization.

Have you been involved with any boards previously? If so, please provide brief details.

What charitable or community activities have you been involved with?

Could you regularly attend Board meetings

Yes

No

How many hours per month do you believe you can commit to the Board/organization?

Hours

What is your interest in becoming a Board member with Alzheimer Dufferin?

Signature

Date:

**Please email or drop off the completed application with attention to:
Tracy Koskamp-Bergeron, Executive Director at 25 Centennial Rd. Unit 1, Orangeville, ON
L9W 1R1 or via email at tracy.koskamp@alzheimerdufferin.org**