

Transition House

Building Strong Foundations

Board of Directors Application Form

Please mail completed forms to: 10 Chapel Street, Cobourg ON K9A1H9
info@thshelter.ca

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State Postal Code*

Phone: _____ Email _____

What motivates you to become a board member for Transition House?

What special qualifications and/or skills would you bring to the board?

Please describe your understanding of a board members role.

References

Please list two professional references.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

The Board of Directors seeks a complimentary balance of knowledge, skills and assets. Please identify those areas in which you have basic or advanced experience or any areas you are interested in.

EXPERIENCE BASIC ADVANCED INTERESTED

- Business Management
- Education/Training
- Finance/Accounting
- Human Resources
- Fundraising
- Event Planning
- Legal
- Public Relations

Disclaimer and Signature

Please attach a current resume to your application. By Submitting this application and a resume, I declare that:

- I meet the eligibility criteria and accept the conditions and responsibilities outlined above.
- I certify that the information in this application and in my resume is accurate and true.
- I understand that the establishment of the Board of Directors for this non-profit corporation complies with the Bylaws of the organization.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____