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|  **APPLICANT INFORMATION**  |
| Last Name |  | First |  | Initial: | Date |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | Prov. |  | Postal Code |  |
| Phone |  | E-mail Address |  |
| Are you a Canadian citizen? | YES | NO | Are you self-employed? | YES | NO |
| Previous experience as a board director? | YES | NO | Are you a current member of our co-operative? | YES | NO |
| Are you willing to have a Criminal Reference Check completed? | YES | NO | *A Criminal Reference Check is required for all staff and volunteers of the organization. (Legislation 299/10, Support and Inclusion Persons Developmental Disabilities Act, Ontario)* |
| **Please list boards and/or committees that you currently serve on or have been a member of in the past.** (business, civic, community, fraternal, political, professional, recreational, religious or social)Organization Role/Title Dates of Service |
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|  **EMPLOYMENT**  |
| Current Employer |  | Position |  |
| Start Date |  | Reference Provided | YES | NO | Additional Info: |
| Previous Employer |  | Position |  |
| From |  | To |  | Reference Provided | YES | NO | Additional Info. |
| Previous Employer |  | Position |  |
| From |  | To |  | Reference Provided | YES | NO | Additional Info |
|  **REFERENCES**  |
| *Please list two professional references and one character reference* |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  |
| Character Reference |
| Full Name |  | Relationship |  |
| Phone |  | # of years |  |
| Address |   |

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|  **OUR ORGANIZATION**  |
| Are you familiar with our organization? | YES | NO | Please tell us more |
| Are you available to meet during the evenings? | YES | NO |
| What experience and knowledge do you have to contribute? Finance Marketing Legal Advertising/Graph Disabilities Policy Government/Ministry Oth*Other, please explain:* | ic Design Program Management Evaluation Education er | Strategic Planning |
|  **TELL US MORE ABOUT WHY YOU WOULD LIKE TO JOIN OUR BOARD**  |
|  |
| How did you hear about our organization and our board opportunities?Board Match Charity Village Website Other*Other, please explain:* |
| **SUBMIT YOUR APPLICATION TO US****info@commongroundco-op.ca** |
|  **DISCLAIMER AND SIGNATURE**  |
| I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my release. |
| Signature | Date |