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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**](mailto: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 | | | |