



Board Director Application

CONFIDENTIAL

**Please note: completion of this application does not guarantee acceptance to the Board of Directors.*

DATE: _____

NAME: _____
First Name Last Name

MAILING ADDRESS: _____

TOWN/CITY: _____ **POSTAL CODE:** _____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL: _____

LANGUAGES SPOKEN: English French Other: _____

Please tell us how you heard about this opportunity: _____

Please tell us what interests you about volunteering on the Board of Directors at The Bridge Hospice:

Please indicate if you have any experience or skillsets in the following areas:

- | | | |
|--|---|--|
| <input type="checkbox"/> Governance | <input type="checkbox"/> Legal | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Marketing / Media | <input type="checkbox"/> Government Relations | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Other: _____ | | |

Please describe your current and/or previous work or volunteer experiences:

Organization	Years Involved	Duties/Responsibilities

By submitting this application, I, _____, hereby certify that all information included in this application is accurate and complete and I understand that:

- I am applying for a volunteer position for which there is no monetary compensation;
- My application will be kept confidential, and will remain part of The Bridge Hospice's permanent volunteer file;
- The information I have provided will be used to assist The Bridge Hospice in the volunteer screening process.

If I am accepted as a Board Director with The Bridge Hospice, I am agreeing to:

- Attend monthly board meetings;
- Engage in subcommittee work;
- Support and attend fundraising events as available;
- Provide The Bridge Hospice with a Criminal Record/Vulnerable Sector Check;
- Sign and adhere to the Confidentiality and Information Access Agreement of The Bridge Hospice;
- Abide by the policies and procedures of The Bridge Hospice;
- Maintain a commitment as applicable for my volunteer role.

APPLICANT SIGNATURE: _____