



100-7900 Alderbridge Way  
 Richmond, BC V6X2A5  
 Tel: (604) 271-7600  
 Fax: (604)271-7626

**Board of Directors Nominee  
 Information Form**

Phone Interview?  YES  NO  
 Personal interview?  YES  NO  
 Date: \_\_\_\_\_

[www.connectionscommunityservices.com](http://www.connectionscommunityservices.com)

**CONTACT INFORMATION**

Name:		Email:
Address:		
Phone:	Work:	Cell:

**BACKGROUND INFORMATION**

Current Occupation:	<input type="checkbox"/> See resume
Education:	<input type="checkbox"/> See resume
Hobbies / Interests:	<input type="checkbox"/> See resume
Previous Volunteer Experience:	<input type="checkbox"/> See resume
Community, Youth or Social Services Experience:	<input type="checkbox"/> See resume
Achievements/Awards or Other Highlights:	<input type="checkbox"/> See resume

**SKILLS**

List any skills or areas of experience that are not on your resume and would be relevant to your role on the board.

<input type="checkbox"/> Technology	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Marketing/Promotion	<input type="checkbox"/> Community Development
<input type="checkbox"/> Financial Management/Investment	<input type="checkbox"/> Accounting	<input type="checkbox"/> Design	<input type="checkbox"/> Fund Development
<input type="checkbox"/> Program Development	<input type="checkbox"/> Government Relations	<input type="checkbox"/> Event Planning	<input type="checkbox"/> Social Services Delivery

Other: \_\_\_\_\_

Languages other than English: \_\_\_\_\_

Specialized Group?  Aboriginal  Youth (18-29)  Other? \_\_\_\_\_

**BACKGROUND VERIFICATION**

Would you consent to having your application verified by a Criminal Record Check?	YES	NO
Do you have any physical limitations or are you under any sort of treatment that we should be aware of that may impact your work or require accommodation?	YES	NO
How did you hear about CCSS?		
<input type="checkbox"/> Web Site	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Volunteer centre
<input type="checkbox"/> Client of CCSS/RYSA	<input type="checkbox"/> Friend/volunteer	<input type="checkbox"/> Another agency or school
<input type="checkbox"/> Other: _____		

<b>OBJECTIVES</b>
Please tell us why you would like to be on the Board of Directors of CCSS?
Please describe any personal goals or areas of particular interest that you would like to explore or would like to apply your skills and experience (marketing, fund development, community relations, accounting, program development etc.).
Please tell us what you would bring to the board of CCSS and the organization's mission, mandate and programs.

Thank you for filling out this form. The nomination committee will be in touch with you shortly to discuss next steps. Should you have any questions or require further information please feel free to contact the executive director or the chair of the nominee committee. Please mail or fax this form to the attention:

CCSS Nomination Committee  
 100-7900 Alderbridge Way  
 Richmond, BC V6X2A5

By fax to: 604-271-7626