

CONTACT INFORMATION			
Name:		Email:	
Address:			
Phone:			
BACKGROUND INFORMATION			
Current Occupation:			
Education:			
Hobbies / Interests:			
Previous Volunteer Experience:			
Community, Youth or Social Services Experience:			
Achievements/Awards or Other Highlights:			
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:			

BACKGROUND VERIFICATION		
Would you consent to having your application verified by a Criminal Record Check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How did you hear about Connections?		
<input type="checkbox"/> CCSS Website	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Volunteer centre
<input type="checkbox"/> Client of CCSS	<input type="checkbox"/> Friend/volunteer	<input type="checkbox"/> Another agency or school
<input type="checkbox"/> Other:		
OBJECTIVES		
Please tell us why you would like to be on the board of directors of Connections?		
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 Connections and the organizations' mission, mandate and programs.		