



FRIENDS OF THE ORPHANS CANADA

392 SILVERCREEK PARKWAY N. UNIT #3
GUELPH ONT N1H 1E7

PHONE: 519-763-9560

Board of Directors Candidate Application

Board Member _____

Junior Board Member _____

Name, phone, email address of organizational representative:

Please return this application to the above address by (date): _____

Date _____

Name _____
First MI Last Familiar name

Residence

Address _____

Phone _____ E-mail _____

Employer

Name _____

Your title _____

Address _____

Phone _____ E-mail _____

Type of business or organization _____

Primary service(s) and area/population served _____

Preferred method of contact () Work () Residence

Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, and social).

Organization _____

Role/Title _____

_____ Dates of

Service _____

Organization _____

Role/Title _____

_____ Dates of

Service _____

Organization _____

Role/Title _____

_____ Dates of

Service _____

Education/Training/Certificates

Optional – Have you received any awards or honors that you'd like to mention?

How do you feel **FRIENDS OF THE ORPHANS CANADA** would benefit from your involvement on the Board?

Skills, experience and interests (Please circle all that apply)

- | | |
|----------------------------|----------------------------------|
| Finance, accounting | Public relations, communications |
| Personnel, human resources | Education, instruction |
| Administration, management | Special events |
| Nonprofit experience | Grant writing |
| Community service | Fundraising |
| Policy development | Outreach, advocacy |
| Program evaluation | Other _____ |

Other _____

Other _____

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of **FRIENDS OF THE ORPHANS CANADA**

Please tell us anything else you'd like to share.

Thank you very much for applying