



<b>LAST NAME</b>		<b>FIRST NAME</b>	
<b>TELEPHONE</b>		<b>CELL</b>	
<b>E-MAIL ADDRESS</b>			
<b>ADDRESS</b>			
<b>CITY</b>		<b>POSTAL CODE</b>	

**Check one of more options that reflect your gender:**

<input type="checkbox"/> He/him/his	<input type="checkbox"/> She/her/hers	<input type="checkbox"/> They/them/theirs	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say
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**The CHIGAMIK Board is comprised of the three (3) caucuses; please select which caucus(es) are you applying.**

<input type="checkbox"/> Indigenous	<input type="checkbox"/> Francophone	<input type="checkbox"/> Open
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**EMPLOYMENT EXPERIENCE**

(use back of the page if you require additional space and/or include a copy of your resume)

<b>Name of Current/Past Employer</b>	
<b>Position</b>	
<b>Length of Time in the role</b>	
<b>Position Overview (types of duties performed)</b>	

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<b>Position</b>	
<b>Length of Time in the role</b>	
<b>Position Overview (types of duties performed)</b>	



**TRAINING AND EDUCATION** (degrees, diploma, culture awareness training, etc.):

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**VOLUNTEER OR COMMUNITY SERVICE EXPERIENCE**

AGENCY/ORGANIZATION	DESCRIBE YOUR INVOLVEMENT/ROLE	LENGTH OF SERVICE/TIME

**LIVED EXPERIENCE OR DIRECT KNOWLEDGE** (check off all that apply)

<input type="checkbox"/> 2SLGBTQ+ Community	<input type="checkbox"/> Migration or Immigration
<input type="checkbox"/> Chronic illness	<input type="checkbox"/> Harm reduction
<input type="checkbox"/> Disability	<input type="checkbox"/> Lower income

**SPECIAL INTERESTS, HOBBIES & SKILLS**

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**DO YOU HAVE ANY OF THE FOLLOWING SKILLS?** (check off all that apply)

Legal		Healthcare	
Finance		Business Development	
Fundraising		Strategic Planning	
Facility Management		Governance	
Accreditation		Policy Development	
Research		Marketing & Communications	
Community Health		Grant Writing	
Risk Management		Advocacy	
Not-for-Profit		Previous Board Experience	
Human Resources		Knowledge of CHC's	
Primary Care Prevention		Community Mental Health	
Health Equity		Community Capacity Building	
Quality Improvement		Representation throughout catchment area	

**REASON FOR YOUR INTEREST IN JOINING THE BOARD OF CHIGAMIK**

**Qualifications for Board of Directors (Not-for-Profit Corporations Act):** please circle one

I am eighteen or more years of age.	Yes or No
I have not been found guilty under the <i>Substitute Decisions Act, 1992</i> or the <i>Mental Health Act</i> to be incapable of managing property.	Yes or No
I am a person who has not been found to be incapable by any court in Canada or elsewhere.	Yes or No
I am a person who does not have the status of bankrupt.	Yes or No
I am prepared to provide a criminal record check.	Yes or No
I have not been subject to an investigation or proceeding related to working with vulnerable persons.	Yes or No

**Declaration**

I declare that all information included in this application form to be true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Your privacy is important to us, we do not share any of your information with any other party.**