



# Pacific Child and Family Enrichment Society

Telephone: (250) 756-2022

1-888-480-CARE (2273)

Fax: (250) 716-2021

Website: [www.pacific-care.bc.ca](http://www.pacific-care.bc.ca)

Email: [pacificc@pacific-care.bc.ca](mailto:pacificc@pacific-care.bc.ca)

## Board Member Application Form

Date available to begin commence Board duties \_\_\_\_\_

Specific position of interest:

(a) Executive:  Chair,  Vice Chair,  Treasurer,  Membership,  Secretary

(b) or Member at Large:  (six positions)

### PERSONAL DATA

Last name: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home tel: \_\_\_\_\_ Business tel: \_\_\_\_\_

Are you willing to travel as part of your Board duties?  Yes  No

Have you ever been convicted of a criminal offence for which a pardon has not been granted?  Yes  No

---

To determine your qualifications for board membership, please provide below and on the reverse, information related to your academic and other achievements including volunteer work, as well as employment history. Additional information may be attached on a separate sheet.

### EDUCATION

SECONDARY SCHOOL

Highest grade or level completed \_\_\_\_\_

BUSINESS/TRADE SCHOOL

Name of program: \_\_\_\_\_ Length of program: \_\_\_\_\_

License, certificate or diploma awarded?  Yes  No

Type: \_\_\_\_\_

COMMUNITY COLLEGE

Major subject: \_\_\_\_\_ Name of program \_\_\_\_\_

Diploma or certificate awarded?  Yes  No

---

\* All Board Members, Volunteers, Management and Staff are to have a satisfactory Criminal Record Check on file at time of entry and once every five years thereafter.

Type: \_\_\_\_\_

UNIVERSITY

Major subject: \_\_\_\_\_ Name of program \_\_\_\_\_

Degree, diploma, or certificate awarded?  Yes  No

Type: \_\_\_\_\_

Other courses, workshops, seminars:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

### WORK RELATED SKILLS

Describe any of your work related skills, experiences, or training that would be relevant to serving as a Board Member, e.g. fundraising experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

### EMPLOYMENT

Name of present or last employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job title: \_\_\_\_\_

Period of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of previous employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job title: \_\_\_\_\_ Salary: \_\_\_\_\_

Period of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

For references may we approach:

your present or last employer?  Yes  No

your previous employer?  Yes  No

List references, if different than above on a separate sheet.

---

---

**PAST BOARD EXPERIENCE**

Name of present or last position: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Period of service: From: \_\_\_\_\_ To: \_\_\_\_\_

---

I hereby apply to be a voluntary Board Member with Pacific Child and Family Enrichment Society. To the best of my knowledge the information on this application form is correct. I understand that a false statement may disqualify me from serving as a Board member, or cause my dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Have you attached an additional sheet?  Yes  No