

Board of Directors Application

Name:	Date:
Mailing Address:	
Telephone: H:	B:
	F:
Email Address:	
Employer Name & Business Address (if a	applicable):
Current Profession/Job Title:	
Please provide a brief description of pres	sent responsibilities:
	n/ Professional Credentials (if applicable). enrollment and completion status for all relevant
Special interests and hobbies:	

How / from whom did you hear about Girls Incorporated of York Region?		
How do you think you can contribute Region? (Expertise, business / perso	to the Board of Directors at Girls Incorporated of York onal contacts, hobbies, interests etc.)	
	olvement or experience with volunteer boards/ olunteer work, church involvement etc. :	
	for a three-year term, generally meeting once a month. ce at agency events is encouraged. At this point in time itment?	
What are your personal goals as a mo	ember of the Board of Directors?	
Signature	 	

References (3)

Please provide contact information for people that can speak to your suitability as a Board of Directors member. Please do not include family members.

Name:		Relationship:
Telephone Number: ()	Email:
		Relationship:
Telephone Number: ()	Email:
		Relationship:
Telephone Number: ()	Email:
Mailing Address:		

Thank you for your interest and time in completing this information. Once the completed applicant profile has been received and reviewed, we will contact you in order to arrange a personal interview.

Please return completed application by;

E mail: boardmember@girlsincyork.org

Mail: 482 Queen St. Newmarket, Ont. L3Y 2H3