



"helping those in distress to cope..."

# Board of Directors/Committee Member Application

This is an interactive PDF application form. You can click on each of the highlighted boxes below and type your information in. After you've completed the form, hit the "Save" button and email this file directly to Victoria Kehoe at victoria@distresscentredurham.com

## Personal Information

Full Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### How did you hear about our organization?

- Newspaper
- Referral
- Speaking Engagement
- Brochure
- Phone Book
- Other

If you checked "Other", please specify:

\_\_\_\_\_

### If you were accepted on the Board of Directors what area would you choose to contribute to?

- Finance
- Nominations / Recruitment
- Personnel / H.R.
- Accreditation (Policies/By-Laws)
- Fundraising
- Marketing (P.R.)
- Technology

## Employment Information:

Currently Employed By: \_\_\_\_\_

Occupation: \_\_\_\_\_

Qualifications, skills or experience relevant to Helpline work: \_\_\_\_\_

### What skills and experience in the following areas would you bring the Distress Centre Board?

#### Accounting

- Reading / Interpreting Financial Statements
- Bookkeeping Skills
- Accounting Skills
- Other:

#### Fundraising

- Grant Writing
- Special Event Participation / Planning
- Solicitation of Funds
- Other:

#### Legal

- Educated as an Attorney
- Practicing Attorney
- Employed in the legal profession

#### Not for Profit

- Worked for non-profit agency
- Acted as trainer / facilitator
- Planning or evaluation experience



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**Human Resources Information (all points below apply to paid staff or volunteers):**

- |   |   |
|---|---|
| <input type="checkbox"/> Served on or chaired committee | <input type="checkbox"/> Supervised employees |
| <input type="checkbox"/> Helped draft H.R. policies     | <input type="checkbox"/> Evaluated employees  |

**What appeals to you about any of the positions you have indicated, and what do you feel you can bring to Distress Centre Durham?**

**What organizations (if any) have you joined in the past and how did you contribute?**

**What is your educational background?**

- Secondary     Post-Secondary     Training/Upgrading Courses

**Fluent in other languages?**

- |   |                                 |                                  |                               |
|---|---------------------------------|----------------------------------|-------------------------------|
| <input type="checkbox"/> List Language: _____ | <input type="checkbox"/> Spoken | <input type="checkbox"/> Written | <input type="checkbox"/> Both |
| <input type="checkbox"/> List Language: _____ | <input type="checkbox"/> Spoken | <input type="checkbox"/> Written | <input type="checkbox"/> Both |

**Please list any additional training/courses you have taken:**



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## Qualifications

Are you willing to have a Police Records Check prior to joining the Board of Directors for Distress Centre Durham?

Yes       No

Have you ever declared bankruptcy and not been discharged from it?

Yes       No

Please note that a positive response will not necessarily exclude you from being accepted to the board.

Have you ever used one of our services?

Yes       No

If yes, which service and how long ago?

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Are you prepared to sign a Document of Confidentiality regarding our organization?

Yes       No

Please feel free to comment on this process or the organization, to indicate a need for further information / clarification, or to provide us with additional information, etc. (your feedback is valuable and is greatly appreciated)



FOR OFFICE USE ONLY:

Date of interview: \_\_\_\_\_ Chairperson’s Signature: \_\_\_\_\_

Remarks: \_\_\_\_\_

**References (1 Personal and 1 Professional)**

You are required to have known these references for longer than 6 months. Please note that family members will not be accepted as a references. We will be contacting references by telephone or mail. Please ensure addresses are complete (i.e. with apartment numbers and postal codes). Thank you.

**Professional Reference**

Full Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Personal Reference**

Full Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Privacy Policy**

By checking this box I understand Distress Centre Durham will keep my information confidential and will never sell or trade it to third parties. I consent to the collection, use and disclosure of the information I provide, in order that Distress Centre Durham may provide me with benefits related to membership, volunteering or rewards/recognition associated with Distress Centre Durham’s Donor recognition policies. I acknowledge that Distress Centre Durham may, from time to time, forward information on programs or fundraising of Distress Centre Durham.

I authorize Distress Centre of Durham Region to contact the above references regarding my appropriateness for this position and to verify information. I authorize investigation of all statements in this application and release Distress Centre Durham Region and all others from liability in connection with same. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the Distress Centre of Durham Region. All statements become part of future personnel files.

If you have you an electronic signature, attach the image here:

If you do not have an electronic signature, please print this form and sign in the box above. After you have signed, fax or mail the entire application to Distress Centre Durham - Attn: Victoria Kehoe (in addition to also emailing the form without your signature).

**Thank you for your interest in distress centre durham!**