

BOARD APPLICATION FORM

I am interested in serving on the Board of Directors of the Children’s Mental Health Services, serving Hastings and Prince Edward Counties. I understand that the Executive Committee will consider names recommended to it and from those names present a slate for election to the Board of Directors.

NOTE: All information supplied will be confidential to the Chief Executive Officer and the Executive Committee of the Board.

APPLICANT NAME:

DATE OF BIRTH:

ADDRESS:

PHONE: (h) (c) (w) \_ EMAIL ADDRESS: OCCUPATION:

Please list previous board experience and/or volunteer involvement

Which areas of expertise do you feel you can bring to the Board? How?

What are your personal and/or professional strengths and characteristics that will make you an effective Board Member?

Why are you interested in applying to become a director on the board of Children’s Mental Health Services?

Do you currently provide any professional services for an employer that has direct or indirect business with Children’s Mental Health Services? Yes No

Have you been an employee or a client of Children’s Mental Health Services within the past two years? Yes No

Include a copy of your resume with the application. Have you submitted your resume with the application form? Yes No

Signature Date

Please submit to:

Children’s Mental Health Services 203 – 250 Sidney St

Belleville, ON K8P 3Z3

or scan completed document and email to EA@cmhs-hpe.on.ca