



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

Signature

Date

Please submit to:

Children’s Mental Health Services
3 Applewood Drive
Belleville, ON K8P 4E3

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