

Board Member Application

Thank you for your interest in becoming a Board member at the South Georgian Bay Community Health Centre. We place great value in having a Board of Directors that is representative of the community we serve and look forward to learning about your experience and skills.

We ask that you take the time to complete this form and return to info@sgbchc.ca. You are welcome to add additional pages as required and a current resume if you wish.

The SGBCHC is committed to building a culturally diverse board and strongly encourages applications from visible minorities, Francophones, Indigenous Peoples, individuals with disabilities, or any individual within our target population.

Name:

Address:

Town:

Postal Code:

Phone Number:

E-Mail Address:

1. Please comment briefly on why you are interested in Board membership:

2. Explain your relevant skills and experience, any pertinent involvement in community organizations, and anything else that you feel is relevant:

Informed consent: I understand that information gathered on this form is for the sole purpose of selecting Board members for the South Georgian Bay Community Health Centres. Once completed, this is a confidential document for the private use of the Board of Directors and Senior Management of the South Georgian Bay Community Health Centres.

Signature: _____

Date: _____