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| Board Member Application SUSSEX VALE TRANSITION HOUSE  PO BOX 4862  SUSSEX, NB  E4E 5L9  executive.director@sussexvaletransitionhouse.com |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City Postal Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Availability

### During which hours are you available?

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

## Interests

### Tell us in which areas you are interested in volunteering

|  |
| --- |
|  |
| Public Relations |
| Financial |
| Fundraising |
| Deliveries |
| Gold Rush 50/50 fundraiser |
| Newsletter production |
| Volunteer coordination  Why would you like to become a Board Member at Sussex Vale Transition House?   |  | | --- | |  | |

## Special Skills or Qualifications

### Summarize special skills and qualifications that may be helpful to the Sussex Vale Transition House (employment, previous volunteer work, or through other activities, including hobbies or sports.)

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## Previous Volunteer Experience

### Summarize your previous volunteer experience.

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## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a board member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

### SVTH screens all Board Member applicants. This involves checking references, a Criminal Record Check, Social Development Check and a personal interview. I give permission for the Executive Director to conduct a screening process and I will obtain a Criminal Record Check and SD Check at the time of my personal interview.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this application form and for your interest in joining our Board of Directors.

\*\* Board meetings are typically the 3rd Tuesday of every month at 5-7 pm

|  |  |
| --- | --- |
| Name/Position |  |
| Phone Number |  |
| Years known |  |

## References

Current Employer

Personal

|  |  |
| --- | --- |
| Name/Relationship |  |
| Phone Number |  |
| Years known |  |