

COLD LAKE VICTIM SERVICES SOCIETY

BOARD OF DIRECTORS APPLICATION

GENERAL INFORMATION

1. Name in full: _____
(Last) (First) (Middle)

2. Home Address: _____

3. Home Phone: _____ Business Phone: _____

4. Are you over 18 years of age: Yes No

5. What special skills, courses or experience, do you have that are relevant to being a member of the Board of Directors?

6. Please list you current or previous volunteer work, or related experience with any organization or association:

1. Organization: _____ Length of Involvement: _____
Nature of work/experience _____



2. Organization: _____ Length of Involvement: _____
Nature of work/experience _____

COLD LAKE VICTIM SERVICES SOCIETY

BOARD OF DIRECTORS APPLICATION

GOALS

7. For what reason(s) do you wish to volunteer with Victim Services?

8. What do you expect to attain from volunteering with victim services?

AVAILABILITY

9. How many hours are you available to volunteer per month? _____

10. Would you be available to attend Monthly evening meetings
Occasional Fundraising Events

11. ARE YOU WILLING TO MAKE A ONE (1) YEAR COMMITMENT? Yes No

CREDENTIALS

12. Please list 2 references:

Name: _____ Phone Number: _____
Address: _____

Name: _____ Phone Number: _____
Address: _____

ATTENTION:

A condition of acceptance as a member of the Board of Directors of the Cold Lake Victim Services Society is a favourable RCMP Criminal Record Check