



Sudbury District Nurse Practitioner Clinics Board of Directors Application Form

Thank you for your interest in joining our Board! We are recruiting individuals who are passionate about NPLCs and care for the sustainability of the organization, demonstrate open mindedness, responsibility for outcomes, forward thinkers, respect of others and willingness to learn. Complete this form to provide useful information about yourself, to ensure the best match between you and the organization that might want to consider you for its Board of Directors.

Name: _____

Home Phone Number: _____ Cell number: _____

Address: _____

Email address (please write it carefully):

Briefly describe why you would like to join our Board of Directors:

Your current organizational affiliations (names of the organization and your role(s):

1. _____

2. _____

3. _____

4. _____



Which of your skills would you like to utilize on the Board? Check those that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Board development | <input type="checkbox"/> Financial management | <input type="checkbox"/> Training |
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Staffing / HR | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Volunteer management |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Community networking | <input type="checkbox"/> Facilities management |

Other skill(s) of yours that you would like to utilize? _____

What would you like to gain for yourself out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?

Do you have any conflicts of interest?

- Yes (describe: _____)
 No

Please provide us with 2 related references from past Board experience:

Name:	Title:	Number:
Name:	Title:	Number:

By joining the Board, you agree that you can provide at least 2-4 hours a month in attendance to Board and Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.

Your signature: _____ Date: _____

Please send your resume and completed document to:

Attention: Steve Mantler, Recruitment Committee Chair
c/o Sudbury District Nurse Practitioner Clinics
30 Ste. Anne Road, 3rd Floor
Sudbury, ON P3C 5E1