



Board of Directors Application

Thank you for your interest in serving as a volunteer Board Director of SWESA. You have chosen a wonderful way to become engaged with and contribute to your community. More information about SWESA can be found at www.swesa.ca.

Applicant's Name: _____

Home Address: _____

Phone Number: _____ Cell: _____

Email Address: _____

In accordance with SWESA Bylaws, applicants must be members in good standing.

Are you a SWESA member? Yes No

EXPERIENCE

What is/was your occupation? _____

Please tell us about yourself (background, skills, volunteer experience, etc.) You may attach a short resume.

Do you have previous board experience?

No, but I'm interested in Board work for the first time

Yes, I have previous board experience in the following areas:

- | | | |
|---------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Board Chair | <input type="checkbox"/> Executive Committee Member | <input type="checkbox"/> Director |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> Committee Member | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Other: _____ | | |



AREAS OF EXPERTISE AND/OR INTERESTS

Please check appropriate boxes:

- | | | |
|--|---|---|
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Policy Development | <input type="checkbox"/> Marketing and Communications |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Organizational Effectiveness |
| <input type="checkbox"/> Information Tech. | <input type="checkbox"/> Public/Media Relations | <input type="checkbox"/> Fundraising/Sponsorship |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Administrative | <input type="checkbox"/> Senior Advocacy |
| <input type="checkbox"/> Other (please specify): _____ | | |

Applicant's Signature: _____

Date: _____