**Name:** Click here to enter text.

**Address:** Click here to enter text.

**Primary phone number:** Click here to enter text.   
This is my cell phone  home phone  business number

**Email address:** Click here to enter text.

**Occupation:** Click here to enter text.

**Languages spoken:** Click here to enter text.

**Please share with us why you are interested in serving on the CLGW Board/Board Committees.**

Click here to enter text.

**Do you have any previous governance experience? (Please provide detail below)**

Click here to enter text.

**Please describe your understanding of a board member’s role with Community Living Guelph Wellington.**

Click here to enter text.

**Skills**  
On a scale of 1-5 please rate your level of skill in the areas listed below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Governance | 1 | Financial Management | 1 | Legal | 1 |
| Organizational Management | 1 | Non profits | 1 | Government relations | 1 |
| Fund Development | 1 | Developmental Services Sector | 1 | Resource Development | 1 |
| Marketing/Public Relations | 1 | Human Resources | 1 | Education | 1 |
| Information Technology | 1 | Strategy development and implementation | 1 | Executive performance management – management of Executive Director | 1 |
| Risk Management | 1 | Quality Management | 1 |  |  |

Are you interested in a leadership position within the Board? (i.e. Treasurer, Secretary, etc.)

Yes  No

The time commitment required of Board members is approximately 4-6 hours per month. Is this a commitment you are prepared to make? Yes  No

Please attach a current resume to your application.

By submitting this application and resume, I declare that:

* I meet the eligibility criteria and accept the conditions of nomination.
* I certify that the information in this application and in my resume is accurate and true.

Applicant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_