

Westcoast Child Care Resource Centre

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Board of Directors Application Form

Date: _____ Name: _____

Mailing Address: _____ Postal Code: _____

Daytime Telephone: _____ Daytime Fax: _____

Evening Telephone: _____ Evening Fax: _____

E-Mail: _____

1. Please tell us why you are interested in becoming part of the Westcoast Child Care Resource Centre Board of Directors.

2. What specific skills would you bring to the Westcoast Board?

3. What is your experience working on a volunteer board or committee?

4. What skills, knowledge and/or experience would you hope to gain from your first term as a Westcoast Board member?

5. From what you know about Westcoast, which Board Committees interest you?

Finance Marketing
 Personnel Diversity:
 Fund Development Committee: (fundraising needs and priorities)

6. Board members typically volunteer 4 – 6 hours for Westcoast Board work. Is this a commitment you able to make? Yes No

7. Briefly describe your other past experiences that may be relevant to your work with the Westcoast Board.
