Board of Directors Application

All applicants for consideration must work or reside in the Halton Region or have a substantive interest in the Halton Region

Contact Information:

Name: _____

Street Address: _____

City, Prov., Postal Code: _____

Phone Number: _____

E-mail Address: _____

Occupation: _____

Employer:

Special Skills or Qualifications:

Highest Level of Education:

- ☐ *High School*
- ☐ *College*
- ☐ *University Undergraduate*
- ☐ *University Post Graduate*

Name of educational institution from which you received your highest degree/diploma:

Certificate/Diploma/Degree:

Area of Study:

Summarize special skills and qualifications you have acquired from employment, previous volunteer experience, or through other activities, including hobbies and sports:

Please check the education or skills you will contribute to the board:

- ☐ Accounting/financial
- ☐ Investment
- ☐ Special Events
- ☐ Education
- ☐ Public Speaking
- ☐ Management
- ☐ Marketing
- ☐ Community Relations
- ☐ Training

Other:_____

- ☐ Public Relations
- ☐ Fundraising
- ☐ Lobbying
- ☐ Strategic Planning

Interests:

Tell us why you want to be a Board Member for Crime Stoppers of Halton:

Previous Volunteer Experience:

Summarize your previous volunteer experience:

Person to Notify in Case of Emergency:

Name: _____
Street Address: _____
City, Prov., Postal Code: _____
Home Phone: _____
Work Phone: _____

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed): _____
Signature: _____
Date: _____

Our Policy:

It is the policy of this organization to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Signing of this form is authorization for the Police to conduct a Criminal Records Check:

Signed: _____ Date: _____
Date of Birth: _____