



95 Falshire Dr. NE
Calgary AB T3J1P7

ph: 403-293-0424
fax: 403-293-0027
www.nefcs.ca

BOARD APPLICATION

Name: _____

Address: _____

Telephone: (Home) _____ (Cell) _____

E-Mail: _____

1. How did you hear of the North East Family Connections? _____

2. What skills or experience do you have to contribute as a Board Member?

- | | | |
|--|--|--|
| <input type="checkbox"/> Committee Experience | <input type="checkbox"/> Special Events | <input type="checkbox"/> Volunteer Experience |
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing/Advertising |
| <input type="checkbox"/> Policy Development | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Volunteer Recruitment |
| <input type="checkbox"/> Personnel/Human Resources | <input type="checkbox"/> Other (please list) | |

3. What do you think the North East Family Connections could offer your community?
(Community could mean neighborhood, age group, Ethnic origin, etc.)

4. Would you be available:

- for approximately six meetings a year
- for a two-year term (maximum four years)
- to attend additional functions to represent the Centre
- to attend an Annual General Meeting



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5. Are you or your immediate family currently receiving services?

Yes

No

6. Are you currently involved in other organizations or committees?

Yes

No

7. Is there any other information you would like to tell us?

If Available, please provide your resume.

Thank you for your interest in the Board. We will be contacting you after the Board has time to consider your application. At that time, we will set up an appointment for you to complete the application process by meeting with the Board.