



## Application for the Board of Directors

### Military Family Resource Centre of the National Capital Region

<b>Name</b> _____				
Last			First	
<b>Address</b> _____				
Number	Street	City	Province	Postal Code
<b>Telephone</b> ( ) _____ home ( ) _____ work				
<b>Email</b> _____				

#### Work Experience (starting with most recent)

1.	Employer and address
	Job Title
2.	Employer and address
	Job Title
3.	Employer and address
	Job Title

(If you require additional space please attach separate sheet(s))

#### Volunteer Experience

<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide organization(s)/business(es) and a brief summary	
1.	
2.	

#### Education (indicate highest level achieved)

Degree/Diploma
Institution

What is your understanding of the role of the Military Family Resource Centre in the Canadian Forces Community?

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Why do you want to become a member of the Military Family Resource Centre Board of Directors?

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**What Skills Do You Have To Offer The Board? – Please Check**

<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Evaluation	<input type="checkbox"/> Leadership	<input type="checkbox"/> Organization
<input type="checkbox"/> Finance/Accounting	<input type="checkbox"/> Personnel/HR	<input type="checkbox"/> Team Player
<input type="checkbox"/> Bilingual	<input type="checkbox"/> Event Planning	<input type="checkbox"/> Other

An application form sometimes makes it difficult for an individual to adequately summarize their complete background. Please use the space below to provide any additional skills, knowledge, certificates and/or interests.

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**Please list two references other than relatives.**

Name _____	Name _____
Relationship _____	Relationship _____
Telephone ( ) _____	Telephone ( ) _____

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

I certify that, to the best of my knowledge, all the information contained in this application is true and complete and understand that any false information may be grounds for my application not being considered.

Once completed this application is protected and will be used solely for the purpose of application to the Board of Directors.

**Thank you for completing this application and for your interest in the Military Family Resource Centre of the National Capital Region Board of Directors.**

Please mail application to: Military Family Resource Centre, Attn: Board Recruitment, 330 Croil Ave, Ottawa, ON K1V 1J1

Or fax to: (613) 998-9585