



## APPLICATION FORM

HOSPICE HURONIA BOARD OF DIRECTORS

LAST NAME		FIRST NAME	
TELEPHONE(DAY)		CELL	
E-MAIL ADDRESS			
ADDRESS			
CITY		POSTAL CODE	

### PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME		Phone	
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### EDUCATION, EXPERIENCE AND EMPLOYMENT

(Use back of the page if you need more space or include your résumé)

Training and Education (last grade completed, diplomas, degrees, etc.):

Work Experience:

Volunteer or Community Service Experience: (Please use the back of this page if you need more space)

AGENCY	DESCRIBE YOUR INVOLVEMENT	HOW LONG?

Special interests, hobbies and skills:

Reason for your interest in joining the Board of Hospice Huronia:

**QUALIFICATIONS FOR BOARD OF DIRECTORS (Not-For-Profit Corporations Act)**

**Please circle one**

I am eighteen or more years of age. Yes No

I have not been found guilty under the *Substitute Decisions Act, 1992* or under the *Mental Health Act* to be incapable of managing property. Yes No

I am a person who has not been found to be incapable by any court in Canada or elsewhere.

Yes No

I am a person who does not have the status of bankrupt. Yes No

I am prepared to provide a criminal record check Yes No

I have not been subject to an investigation or proceeding related to working with vulnerable persons.

Yes No

**DECLARATION**

I will further the purposes of Hospice Huronia.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**BOARD MEMBER REFERENCE FORM**

**Instructions:**

- Please do not include family members as references. List reference names and contact data below. Sign the release statement below.

**PERMISSION FOR THE RELEASE OF INFORMATION**

I \_\_\_\_\_ give my permission to Hospice Huronia to receive information regarding my suitability to become a Board Member from the people listed below as personal references.

Reference #1

NAME		RELATIONSHIP	
TELEPHONE(DAY)		CELL	
E-MAIL ADDRESS			

Reference #2

NAME		RELATIONSHIP	
TELEPHONE(DAY)		CELL	
E-MAIL ADDRESS			

Reference #3

NAME		RELATIONSHIP	
TELEPHONE(DAY)		CELL	
E-MAIL ADDRESS			

**Your privacy is important to us. We do not share your information with any other party.**

Please forward application to : [info@hospicehuronia.ca](mailto:info@hospicehuronia.ca)

Or mail to:

948 Fuller Ave

Penetanguishene, ON

L9M 1G7

*Thank you so much for your interest.*