

Board of Directors Candidate Application

Name: _____

Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____

1. Why would you like to be a Board Member for Child Witness Centre?

2. Please check all the skills, experience, and interests that apply to you:

- | | | |
|---|---|--|
| <input type="checkbox"/> Business development | <input type="checkbox"/> Information technology | <input type="checkbox"/> Program evaluation |
| <input type="checkbox"/> Education, training | <input type="checkbox"/> Legal, justice system | <input type="checkbox"/> Public relations,
communications |
| <input type="checkbox"/> Finance, accounting | <input type="checkbox"/> Management, leadership | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing | |
| <input type="checkbox"/> Grant writing | <input type="checkbox"/> Non-profit experience | |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Policy development | |

3. What aspects of your work experience, skills, and interests that you've identified would be assets to Child Witness Centre?

4. Raising funds is an important part of what the Board of Child Witness Centre currently does, and members are expected to be supportive of these activities. Are you prepared to participate in fundraising activities, and how if so?

5. Please list any organizations or groups you've been involved with or have a connection to, past or present.

6. Do you use social media? If so, please check off applicable platforms.

- Facebook Instagram X (formerly Twitter)
 LinkedIn Other: _____

7. I confirm that I am an individual who:

- Is 18 years of age or older.
 Has not been found incapable of managing property under the Substitute Decisions act, 1992, or the Mental Health Act.
 Has not been found incapable by any court in Canada or elsewhere.
 Is not an undischarged bankrupt.

8. By submitting this application form and related material, you are giving Child Witness Centre permission to collect your personal information and to contact you using the information provided. You agree that Child Witness Centre's use, disclosure, and retention of your personal information shall be in accordance with Child Witness Centre's Privacy Policy available for review at <http://childwitness.com/>.

I acknowledge that: (i) all information provided herein is accurate, and (ii) I have read and agree to the terms of this application.*

Signature: _____ Date: _____

*You can also indicate acceptance of the terms of this application by submitting the document package electronically to Child Witness Centre at robin.heald@childwitness.com. You agree that such submission is the legal equivalent to your handwritten signature on this application form.

When you submit this application form, please include:

- Your resume.
- Two references.

Prior to joining the Board of Directors of Child Witness Centre, you will be required to submit a police background check.

Please email your completed application form to: robin.heald@childwitness.com