

The Women's Resource Centre



Western Manitoba Women's Regional Resource Centre Inc.
731 Princess Avenue, Brandon MB, R7A 0P4
Phone: (204) 726-8632 Toll Free: 1-866-255-4432 Fax: (204) 727-6230
reception@thewomenscentrebrandon.com

Board Member Application Form

Applicant: _____

Date: _____

OFFICE USE ONLY

Date of contact: _____ Comments: _____

The Women's Resource Centre

Board Member Application Form

Name: _____

Address: _____

Phone: _____

Email: _____

Other info: _____

Please indicate why you are interested in volunteering on our Board of Directors.

Please indicate what skills or expertise you can bring to our Board of Directors.

Do you have previous experience volunteering on a Board of Directors? If so, please provide details.

How did you learn of The Women's Resource Centre and a possible vacancy on the Board of Directors?

What are your personal interests and hobbies?

Do you agree to make the following time commitments as a Board member?

- *A monthly Board meeting, normally a Tuesday from 5:15 pm to 7 pm*
- *A yearly AGM meeting each June*
- *Three to four strategic planning meetings each year on Saturdays from approximately 9:30 am to 3:30 pm*
- *Joining at least one committee (i.e., fundraising, membership, finance, grants, personnel) in some capacity (or the executive) with meetings that could be as often as monthly, or as infrequently as twice each year*
- *A mandatory two hour volunteer shift at the Centre as an orientation to learn the day to day workings of the Centre*
- *If possible, ten volunteer hours at the Centre each year, either during the day or during an evening program or fundraising event*

Yes No

Do you have any physical, intellectual, mental or health limitation, and/or medical condition that you feel may affect your ability to volunteer for certain activities? If so, please provide a brief explanation.

Do you have a committee or area of the organization that is of particular interest to you?

Do you agree to provide a criminal record check less than one year old?

Yes No

Do you agree to provide a child abuse registry check less than one year old?

Yes No

Do you agree to provide an adult abuse registry check less than one year old?

Yes No

References (please list two):

Name: _____

Phone/email: _____

Address: _____

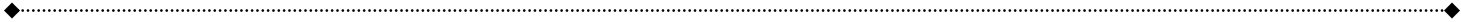
Name: _____

Phone/email: _____

Address: _____

Additional Information:

The Women's Resource Centre is an information, resource, counselling and referral centre for women and their families. Volunteers are required to sign a confidentiality agreement. Thank you for your interest in volunteering.



This certifies that I have completed all information on this form and all information is true and complete to the best of my knowledge. I understand that this position is subject to a criminal record check, child abuse registry check, and adult abuse registry check. I also understand that client identification and information, and business practices are strictly confidential.

Signature

Date