



United Way
Brandon & District

Manitoba



Department of Justice
Canada

Ministère de la Justice
Canada

Western Manitoba Women's Regional Resource Centre Inc.
729 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 Wednesday from 5:15 pm to 8 pm*
- *A yearly AGM meeting each June*
- *Three to four Strategic Planning meetings or Board Development workshops each year on Saturdays from approximately 9:30 am to 3:30 pm*
- *Joining and/or chairing at least one committee (i.e., fundraising, membership, finance, grants, events, cultural safety) in some capacity and attending meetings as needed*
- *Participating in fundraising initiatives*
- *Attending events hosted by the Centre when possible*

Yes No

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 an adult abuse registry check less than one year old?

Yes No

References (please provide 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