



BOARD MEMBER APPLICATION

The following series of questions will help us get to know you better and help us to assess if our needs match up with your unique skills and talents. Confidentiality is assured. The following information will be used only to ensure a match between your interests and the needs of the organization.

Name:		Address:	
Telephone (day):		Telephone (evening):	
Telephone (cell):		Email address:	
Date of Birth:		Occupation:	

Please complete the following questions. You may also wish to forward the Nomination Committee a resume, or letter stating your experience.

1. Do you have any prior volunteer experience, including with the H&R MFRC? ☐ Yes ☐ No
If yes, please list the organization, length of involvement (dates), positions held in the organization.

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2. What skills would you like to improve on by being an H&R MFRC Board Member?

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3. Is there any personal information you would like to share about your life experience, which you feel, might be relevant to your role as a Board Member?

4. Additional Interests?

5. To ensure that all segments of our community are represented on the Board and served in the best and most effective and representative way possible, please respond to the following:

Language(s): ☐ English ☐ French ☐ Other: _____

6. What groups do you belong to? (Please check all that apply):

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Regular Force Member | |
| <input type="checkbox"/> Reserve Force Member | |
| <input type="checkbox"/> Retired Military Member | |
| <input type="checkbox"/> Medically Released Veteran | |
| <input type="checkbox"/> Partner of a Regular Force Member | <input type="checkbox"/> Air Force |
| <input type="checkbox"/> Partner of a Reserve Force Member | <input type="checkbox"/> Army |
| <input type="checkbox"/> Partner of a Retired Military Member | <input type="checkbox"/> Navy |
| <input type="checkbox"/> Partner of a Medically Released Veteran | |
| <input type="checkbox"/> Adult Child of a Military Member | |
| <input type="checkbox"/> Parent of a Military Member | |
| <input type="checkbox"/> Parent of child(ren) enrolled at one of the H&R MFRC Children's Centres | |
| <input type="checkbox"/> Civilian | |

7. What skills do you have to offer the Board?

- | | |
|--|--|
| <input type="checkbox"/> Accounting/finance | <input type="checkbox"/> Knowledge of MFS regulations |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Language (bilingual English/French) |
| <input type="checkbox"/> Board development | <input type="checkbox"/> Law |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Community contacts | <input type="checkbox"/> Policy development |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Program experience |
| <input type="checkbox"/> Governance/board experience | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Risk management |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Strategic planning |
| <input type="checkbox"/> Knowledge of government regulations | <input type="checkbox"/> Other: _____ |

8. Why would you like to become a member of the H&R MFRC Board of Directors?

*Please note that members of the Halifax & Region Military Family Resource Centre Board of Directors are required to sign a Code of Conduct, Code of Ethics, Declaration of Confidentiality, and are subject to a police Criminal Record Check, Vulnerable Sector Check and Child Abuse Registry Check.

Thank you for your application.

Personal information shall not be used or disclosed for purposes other than those for which it was collected, except with the consent of the individual or as required by law. Personal information shall be retained only as long as necessary for the fulfillment of those purposes.

Signature:		Date: (YYYY/MM/DD)	
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Please drop off completed forms to the Halifax or Shearwater site, H&R MFRC, fax (902-427-7794), or scan and email to: recruitment@halifaxmfr.ca.

HALIFAX SITE
6393 Homefire Crescent, WP106
Halifax, NS B3K 5X5
Tel (24/7): 902-427-7788

SHEARWATER SITE
30 Provider Road, SH 14
Shearwater, NS B0J 3A0
Tel: 902-720-1885

CAPE BRETON SITE
1 Desbarres St, Victoria Park
Sydney, NS B1P 6Z2
Tel: 902-563-7100 ext 7107