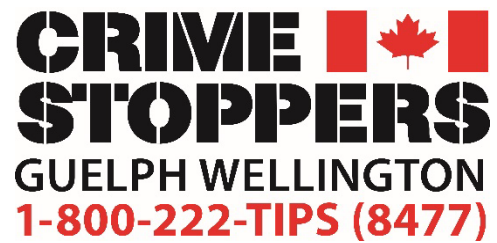


BOARD MEMBER APPLICATION



Applying to the CSGW Board of Directors is simple:

1. Please fill out this application and return it to info@csgw.tips.
2. Once your application is received, you will be invited to an interview with a subcommittee of the CSGW Board.
3. The subcommittee will make a recommendation to the Board. The decision of the Board is final. Applicants will be advised whether or not their applications have been successful.
4. Should your application be accepted, you will be asked to apply for a Criminal Record Check.
5. Following an orientation session, new Board members begin a 90-day introductory period where they learn about the program and attend meetings. There are no voting privileges during this time. You are required to take an Oath of Secrecy.
6. At the end of the 90-day term, new Board members can decide, along with the CSGW Board subcommittee, whether they would like to continue with the Board.
7. Members who do continue on now have voting privileges.

Date:			
Name: (First)	(Middle)	(Last)	Other initials:
Address:			
City:		Postal Code:	
Contact: (Cell)		(Home)	
Birthdate: (DD/MM/YYYY)		Email:	
Current Employer:			
Title:		Full-time/Part-time:	
Education:			
High School Grade Completed:			
Trade School/College/ University Information:			

Other Education:	
Special Skills/Certificates:	
Driver's Licence: Y/N	Access to a Vehicle: Y/N
Reasons for wanting to become a Board Member: (check all that apply to you)	
Improve my job prospects & employability <input type="checkbox"/>	Build confidence and take on new responsibilities <input type="checkbox"/>
Develop new skills/experience new areas <input type="checkbox"/>	Put spare time to good use <input type="checkbox"/>
Experience diversity and integrate with the community <input type="checkbox"/>	Meet new people; establish connections and references <input type="checkbox"/>
New opportunities and challenges <input type="checkbox"/>	Do something enjoyable <input type="checkbox"/>
Be valued and feel useful <input type="checkbox"/>	Gain a sense of achievement <input type="checkbox"/>
Make a difference/give back to my community <input type="checkbox"/>	Other: (please specify) <input type="checkbox"/>
Volunteer experience: Please list any relevant volunteer or work experience	
1.	
2.	
3.	
References:	
Name:	Relationship to You:
Phone:	Best time to Call:
Name:	Relationship to You:
Phone:	Best time to Call:
Name:	Relationship to You:
Phone:	Best time to Call:

Please note: As CSGW is an organization that covers all of the City of Guelph and County of Wellington, our Board members must be able to participate in events throughout this area.