

Board of Directors Application Form



Date of Application

Current Occupation

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Personal Information

Full Name	Pronouns
Address	
Phone	Email

Your address and contact information will not be shared.

We would like to understand your perspective on our current operations and how your potential contributions align with the organization's vision. Please answer the following questions, limiting your response to the space provided on this page.

1. Please briefly describe your academic and professional background, and other relevant experience.

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2. Why do you seek a position on this board?

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3. Please briefly outline the specific skills you bring or contributions you hope to make on this board.

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604-313-8074



shannonw@lmow.ca



www.lmow.ca

4. Are you currently serving on a board of directors for another organization? If so, please list organization name and your position/role.

5. What is your preferred method of contact/communication? Email Phone Call Text Message

Email

Phone

Text

Please fill out and send this application form along with your resume to shannonw@lmow.ca

Subject line; **New Board Member Application**

