



**Board of Governance Candidate Application**

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address**

\_\_\_\_\_

**Phone**

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

**E-mail** \_\_\_\_\_

Preferred method of contact ☐ Phone ☐ Email

**Employment**

**Status:** \_\_\_\_\_

**Address**

\_\_\_\_\_

**Have you ever served on a board or committee before?**

☐ **No** ☐ **Yes**

**If you selected yes, are you currently on this board or committee?**

☐ **No** ☐ **Yes**

**Qualifications:**

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**How do you feel Mount Beauty Neighbourhood Centre Inc. would benefit from your involvement on the Board?**

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**Please tell us anything else you would like to share.**

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**Referees:**

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**Board Members should be willing to volunteer their time throughout the Centre when available.**

**Your application will be considered and determined by the places available on our board.**

**Thank you very much for applying.**