**APPLICATION FOR MEMBERSHIP**

**BOARD OF DIRECTORS**

**Full Name:**       **Date of Birth:**

**Address:**

**Email:**

**Primary Phone:**      **Alternate Phone:**

**Primary Occupation:**

**Highest Level of Education:**

**Are you currently a General Member of BGC Cochrane & Area?**  **Yes**  **No**  **Unsure**

**How did you hear about BGC Cochrane & Area?**

**Why are you interested in joining our Board?**

**What skills do you think you could offer our Board?**

**Have you previously served on a Board of Directors? If so, please describe that experience, including the organization(s) served, the position(s) you held, the length of your term, and your reason for leaving.**

**Do you have other volunteer experience? If so, please describe it here.**

**In what areas would your training, experience and/or expertise be best applied?**

Fundraising/Event Planning  Human Resources & Policy Development

Finance & Budgeting  Board Governance & Organization

Other:

**How much time can you commit per month?**

**Please use the space below to provide any additional information about the skills, training, education or experience you could bring to our Board.**

**All volunteers are required to complete a Criminal Record Check with Vulnerable Sector Search, as well as an Intervention Record Check with the Government of Alberta. If you anticipate these checks may raise concerns, we ask that you please disclose that now.**

**Please provide two references we can contact about your application:**

**Reference #1:**

**Name:**

**Phone Number:**

**Email:**

**Relationship to You:**

**Reference #2:**

**Name:**

**Phone Number:**

**Email:**

**Relationship to You:**

***If you have a current resume, please attach it to your application.***

**Thank you for your interest in building your community!**