# **APPLICATION FORM**

## **HOSPICE HURONIA BOARD OF DIRECTORS**

LAST NAME	FIRST	
	NAME	
TELEPHONE(DAY)	CELL	
E-MAIL ADDRESS		
ADDRESS		
CITY	POSTAL CODE	
PERSON TO NOTIFY IN CASE OF EMERGEN	<u></u>	
NAME	Phone	
Training and Education (last grade complet		
work Experience.		

Volunteer or Community Service Experience: (Please use the back of this page if you need more space)

AGENCY DESCRIBE YOUR INVOLVEMENT		NI	HOW LONG?
Board of Hospice Huronia	1:		
ECTORS (Not-For-Profit C	orporations Act	).	
	Yes	No	
Substitute Decisions Act,	1992 or under th Yes	e Mental Healt No	th Act to be incapable
to be incapable by any co	ourt in Canada o	r elsewhere.	
	Yes	No	
tatus of bankrupt.	Yes	No	
ord check	Yes	No	
tion or proceeding relate	_	th vulnerable p	persons.
	Yes	No	
Iuronia.			
Date			
	Board of Hospice Huronia  ECTORS (Not-For-Profit Contract of the incapable by any contract of the i	Board of Hospice Huronia:  ECTORS (Not-For-Profit Corporations Act  Yes  Substitute Decisions Act, 1992 or under th Yes  to be incapable by any court in Canada or Yes tatus of bankrupt. Yes tord check Yes tion or proceeding related to working wit Yes Huronia.	Board of Hospice Huronia:  ECTORS (Not-For-Profit Corporations Act)  Yes No  Substitute Decisions Act, 1992 or under the Mental Healtyes No to be incapable by any court in Canada or elsewhere.  Yes No tatus of bankrupt. Yes No ord check Yes No tion or proceeding related to working with vulnerable pyes No Huronia.

### **BOARD MEMBER REFERENCE FORM**

### **Instructions:**

• Please do not include family members as references. List reference names and contact data below. Sign the release statement below.

### **PERMISSION FOR THE RELEASE OF INFORMATION**

I give my permission to Hospice Huronia to receive information regarding my suitability to become a Board Member from the people listed below as personal references.				
Reference #1	ra member from the people listed below as personal re	rerences.		
NAME	RELATIONSHIP			
TELEPHONE(DAY)	CELL			
E-MAIL ADDRESS				
Reference #2				
NAME	RELATIONSHIP			
TELEPHONE(DAY)	CELL			
E-MAIL ADDRESS				
Reference #3				
NAME	RELATIONSHIP			
TELEPHONE(DAY)	CELL			
E-MAIL ADDRESS				

Your privacy is important to us. We do not share your information with any other party.

Thank you so much for your interest.